DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND STATE OF MARYLAND S DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	= STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	0.
	1. DECEASED NAME FIRST AMOLI	MIDDLE	Andre	2W3	2a DATE OF DEATH	- 9-85 143 M
	female	4 RACE White	5. DATE C MONTH 02		6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS.
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	U.S.A.	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF DEATH
-	EASTON	11. NAME OF HOSPITAL, I (IE NOT IN SUCH FACILITY, GIN	STREET ADDRESS)	Hospital	120 USUAL OCCUPATION OF WORK FOR MOST OF MOST	F WORKING LIFE) INDUSTRY
7	USUAL RESIDENCE (IF NURSING HOME) OF Md.	NTY 13c CITY C			13e STREET ADDRESS 703 Lo	cust St. 21613
1	Joseph I	R. Dods	on	Bertie	MIDDLE H.	Lyons
2	60 WAS DECEASED EVER IN U.S. AF	OF THE OR PASSES	10-8414	Janice Wri	ght ADDRE	Item #13
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CON b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION 19h CONDITION FOR	NSEQUENCE OF		INAL DISEASE OR CONI	DITION GIVEN IN PART 1 a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
100	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE OR COURRED)	ATH HOUR A.M. MONT	TH DAY YEAR	21c HOW INJURY OCCURR		
	22a.l certify that (1) (this hasp	(AT HOME STREET, FACTORY	from 125, an	and that in (my) (our) apinion of	, to death accurred an the do	te and haur and from the causes stoted
	Red President Lands Name (1799)	ver all		ATTENDING PHYSICIAN 226. ADDRESS	MEDICAL STAF	FIAN STATE SIGNED
	Donald Lewe	rs, M.D.		Easton, Md	. 21601	
	230 BURIAL, CREMATION, REMOVAL SPECIFY) burial	4/12/85		lawn Cem.	23d LOCATION Cambri	dge Dor. Md. STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

10 FUNERAL DIRECTION HOURS BE STONE DESCRIPTION WITH THE STONE DEPT. MPORTANT, # 16

24 FUNERAL DIRECTOR Thomas Funeral Home ADT Cambridge, Md. 21616R

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 616 P. 11.7. 1985 gulia Davidan-Ainteste.

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FOR

STATE
REGISTRAR

101013

STATE OF MARYLANDS 5 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGIOTATA							REG. N	O.		
T	DECI	EASED NAME OR PRINT) Sel	FIRST	1	AIDDLE	1 .	A51		2a. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR 30
-	1 SEX	exe	2000	RACE	. au	5. DATE C	OF BIRTH	u	6. AGE (IN YEARS LAST BIRTHDAY) MD. 126. KIND OF BUSINESS OR INDUSTRY 128. KIND OF BUSINESS OR INDUSTRY 128. KIND OF BUSINESS OR INDUSTRY 128. KIND OF BUSINESS OR INDUSTRY 129. KIND OF BUSINESS OR INDUSTRY 120. AUTOPSY? 120. AUTOPSY? 120. IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY 120. KIND OF BUSINESS OR INDUSTRY 121. KIND OF BUSINESS OR INDUSTRY 122. KIND OF BUSINESS OR INDUSTRY 123. KIND OF BUSINESS OR INDUSTRY 124. KIND OF BUSINESS OR INDUSTRY 125. KIND OF BUSINESS OR INDUSTRY 126. KIND OF BUSINESS OR INDUSTRY 127. KIND OF BUSINESS OR INDUSTRY 128. KIND OF BUSINESS OR INDUSTRY 129. KIND OF BUSINESS OR I			
J	J. Sall Co.	ale		Calle	asian	Jul		1916	68		NIMS DAYS	HOURS MIN.
1	n. BiR	THPLACE (STATE OR	FOREIGN 7b		WHAT COUNTRY?	0		MARRIED 🗇			PDEATH	
1		nna.		U.S.		WIDOWE		NORCED	Tal	Bot		MD.
1	CIT	Y OR TOWN OF DE	ATH 11	HAME OF H	FACILITY, GIVE STREET	ADDRESS)					INDUSTRY	
1	USDAI	L RESIDENCE (IF NUR	SING HOME OF OTE	IN THE PROPERTY OF THE PROPERT	eu.	u	at		accounta	nt	truc	cking
	130. ST Ma	ryland	Talb		13c. CITY OR TOW Easton	'N	13d INSIDE O	NO [318 Dutc	zip code hman '	s Lane	e/21601
4	4 FAT	HER'S NAME FIRST	MID	DLE	LAST			S MAIDEN NAM	ME			
1			Jacob	Ande							S	
T	(YE	AS DECEASED EVER (S, NO OR UNKNOWN)	IN U.S. ARME		16h SOCIAL SECU		17 INFORM					1.0
L	no				214-10-	9122	Edna	M. An	derson	see :		
I		18 CAUSE OF DEAT	H (Enter only o	ne cause per	luge far (a), (b), an	die						NATE INTERVAL INSET AND DEATH
ı	- 1	TAKI I. DEATH Y	IMMEDIATE C		seeding	ear	there	w w	Arces		3	days
ı	- 1			DUE TO: OF	ASA COMPECUE	ENCERGE	0					V
ı	- 1	Canditians, if any	, which	161	varr	llio	nal	cerr	horn		1	To
ı	- 1	gave rise to imi	ng the "	DUE TO, OF	AS A CONSEQUE	ENCE OF						0
ı		underlying cause	last.	100								
1		PART 2 OTHER SIG	NIFICANT CO	IDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	N IN PART 11a	
4	5	9a DATE OF OPERA	TION	10h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	28a AUTOPSY?	206 IF YES	WERE FINDIN	GS LISED
1	CERTIFICATION	THE OF CITEMA		178 COINDI	TION TON WINCH	OF ENATIO	WAS TERRY	SIMED		IN CERTIFY	NG CAUSES	OF DEATH?
1		210. ACCIDENT WAS UN	-	21b. TIME O	FINJURY M. MONTH DA	AV VEAD	21c. HOW II	NJURY OCCURR				
ı	3	OR CONTRIBUTING		P.		19						
ı	MEDICAL	21d. INJURY OCCUR	RED	21e PLACE	OF INJURY	ADM STC I	211 LOCATI	ON	CITY OR TO	WN	COUNTY	STATE
ı	2	NOT WE	HILE	TAT HOME SIK	EET PACTORY OFFICE P	ARM, ETC						
١		220.1 certify that (1)		attended the			- 27	. 19 8 5	, ta 3 - 1		J-5 . 1	hat (1) (we) last
ı	ı	saw the deceas abave, (1) (we) (ed alive an	ew the bady	19 death.	. 01	nd that in (my) (aur) apinian d	death accurred an the d	ate and haur o	and from the c	auses stated
١		226. SIGNATURE	,	0	1	0	DEGREE	ATTENDING	MEDICAL STA	e e	THE DATE	SAGNED/
1		se	ephen	1.	Cam	of an	24	ATTENDING PHYSICIAN,	DIRECTOR PHYSIC		3/2	7/83
1		22d. PHYSICIAN'S N.	AMME (TYPE ON THE	NO.			22e ADDRE	SS			,	
1		Stepher		arney					Maryland	21601		
T	23a BU	JRIAL, CREMATION,	REMOVAL	3b. DATE	23 c. 1	AME OF C	EMETERY OR	CREMATORY	23d LOCATION		COUNTY	STATE -
1	-,-	Crematio	on	3-30-	1985 Sa	lisb	ury C	remato	ry Salisb	ury, 1	Wicom:	ico,Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

Newham Funeral Home

"Easton, Md.

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Market Commercial Contraction

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STATE OF MARYLAND & STATE OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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7		STATE REGISTRAR		DEPART		EALTH AND MENTAL HY	REG. NO.		
		CEASED NAME FIRST		MIDDLE	LA	121	20. DATE OF DEATH MON	ITH DAY YEAR	26 HOUR
	(TYPE	dwin ADD]	NGTON	Bailey			April 7 198	5	11:35A
	3. SE2		4. RACE	202209	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRTHDA		7.1.
150		male	cauca	aion	MONTH	8 1897	88	MONTHS DAYS	HOURS MIN.
06		RTHPLACE (STATE OR FOREIGN		F WHAT COUNTRY?	8		9 BALTIMORE CITY OR CO	OUNTY OF DEATH	
91	(OUNTRY)	USA		MARRIED	NEVER MARRIED DIVORCED			445
8/		ryland TY OR TOWN OF DEATH		F HOSPITAL, NURSIN		R OTHER INSTITUTION	Talb.		OF BUSINESS OR
10		Easton	Merid	ian - The	pines	Easton	Foreman		Constr
36	13a. S		OUNTY	136 CITY OR TOW		136 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZII		
20			albot	Easton		YES NOX	Rt.1Box 36	<u>2/21601_</u>	
00	14. FA	THER'S NAME	MIDDLE	LAST	103.74	15. MOTHER'S MAIDEN NA	AME	t	AST
30	J	ohn He	enry	Baile		Clara	D	Tuff	ord
2		VAS DECEASED EVER IN U.S	. ARMED FORCES? S, GIVE WAR OR DATES)		JRITY NO.	17 INFORMANT	Rtodriss:	Box 312	
med		WI YES	5, OTTE TTAK OK DATES;	217-03	-5119	J.Lee Bai	ley Easton	n. Md. 2	1601
ury, or off	7	PART 2 OTHER SIGNIFICA	(c)_	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITION	ON GIVEN IN PART 1	Ita
in in	101			non					
	<		196 CON	DITION FOR WHICH	OPERATION	N WAS PERFORMED		IF YES, WERE FIND	INICE HEED
dies any	TIFIC	19a DATE OF OPERATION					YES NO X	YES [S OF DEATH?
	AL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	G 216. TIME HOUR A	OF INJURY A.M. MONTH D.		21¢ HOW INJURY OCCUP	_ 1	YES 🗌	S OF DEATH?
		21a. ACCIDENT WAS UNDERLYING	21b. TIME HOUR HOUR	A.M. MONTH D. P.M. E OF INJURY	19	21f LOCATION	YES NO X RRED (ENTER NATURE OF INJURY IN	YES	NO [
of the content of the san	MEDICAL CERTIFIC	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETHER NOTIFY MEDICAL EXAMINATION OF CURRED WHILE NOT WHILE AT WORK AT WORK	G AT HOUR AND A STREET AND A ST	A.M. MONTH D. P.M. E OF INJURY STREET, FACTORY, OFFICE, F	19 FARM, ETC)		YES NO X	YES	S OF DEATH? NO
21 is marked or them 18 that any		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAU	S DEATH HOUR MINER) 216. TIME HOUR MINER) 216. PLAC (AT HOME STORE)	A.M. MONTH D. P.M. E OF INJURY STREET, FACTORY, OFFICE, F	19 FARM, ETC)	21f LOCATION STREET	YES NO X RRED (ENTER NATURE OF INJURY IN CITY OR TOWN	YES	STATE
tem 21 is mantituden tem 18 kmw. any		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETHER NOTIFY MEDICAL EXAMINATION OF CURRED WHILE NOT WHILE AT WORK AT WORK	S DEATH HOUR MINER) 216. TIME HOUR MINER) 216. PLAC (AT HOME STORE)	A.M. MONTH D. P.M. E OF INJURY STREET, FACTORY, OFFICE, F	19 FARM, ETC) -333 -	21f LOCATION STREET	YES NO X RRED SENTER NATURE OF INJURY IN	YES	STATE
: If Item 21 is morning them 18 is usus any		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAL 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) this sow the decased alwoove, (1) (we) (1) d (d) 22b. SIGNATURE	21b. TIME HOUR AMINER) 21e PLAC (AT HOME: tospital) attended e on don't view the book	A.M. MONTH D. P.M. E OF INJURY STREET, FACTORY, OFFICE, I the deceased from dy ofter death.	19 FARM, ETC) 3 — , an	21f LOCATION STREET 19.83. d that in (my) (our) opinion DEGREE ATTENDING	YES NO X RRED (ENTER NATURE OF INJURY IN CITY OR TOWN to 4-7 death occurred on the date of	YES	STATE that ((we) last the couses stated)
ANT: If Item 21 is monthly of Item 18 trulus any		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAL 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) this h sow the decrosed aliv obove, (1) Wei (1) (1)	21b. TIME HOUR HOUR AMMER 21e PLAC (ATHOME: cospital) offended e on	A.M. MONTH D. P.M. E OF INJURY STREET, FACTORY, OFFICE, I the deceased from dy ofter death.	19 FARM, ETC) 3 — , an	21f LOCATION STREET 19.83. d that in (my) (our) opinion DEGREE ATTENDING	YES NO X RRED (ENTER NATURE OF INJURY IN CITY OR TOWN to 4 - 7 death occurred on the date of	YES	STATE that (I)(we) last the couses stated
ORTANT: If Item 21 is morning of them 18 that wany	MEDICAL	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAL 21d IN JURY OCCURRED WHILE NOT WHILE NOT WHILE NOT WHILE SOW the decrosed oliv obove, (I) (We) (Fid) (di 22b. SIGNATURE 22d PHYSICIAN'S NAME (1)	21b. TIME HOUR HOUR ANNER 21e PLAC (AT HOME: 10spital) attended e on 4 d not) view the boo	A.M. MONTH D. P.M. E OF INJURY street, FACTORY, OFFICE, I the deceased from dy ofter death.	19 FARM, ETC) 3 — , an	21f LOCATION STREET 19 8.3 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	YES NO X RRED (ENTER NATURE OF INJURY IN CITY OR TOWN to 4-7 death occurred on the date of the dat	YES	STATE that (II) (we) last the couses stated E SIGNED
IMPORTANT: If Item 21 is morn's contain 18 fortune any	MEDICAL	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAL 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) this sow the decrosed alwoove, (1) (we) (1) d (d) 22b. SIGNATURE 22d PHYSICIAN'S NAME (1) ODERT W. T	21b. TIME HOUR HOUR AMINER) 21e PLAC (AT HOME: 10spital) attended e on d not) view the boo	A.M. MONTH D. P.M. E OF INJURY street, FACTORY, OFFICE, I the deceosed from Dy ofter death. M.D.	19 FARM, ETC) 3 — 75 — 70 .	211 LOCATION STREET , 19 8.3 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS RD 3 Bo	YES NO X RRED (ENTER NATURE OF INJURY IN CITY OR TOWN to 4-7 death occurred on the dote of MEDICAL STAFF DIRECTOR PHYSICIAN 7 297 Fa	YES	STATE that (II) (we) last the couses stated E SIGNED
IMPORTANT: If Nem 21 is more to them 18 refuse any	WEDICAL MEDICAL	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAL 21d IN JURY OCCURRED WHILE NOT WHILE NOT WHILE NOT WHILE SOW the decrosed oliv obove, (I) (We) (Fid) (di 22b. SIGNATURE 22d PHYSICIAN'S NAME (1)	21b. TIME HOUR HOUR AMINER) 21e PLAC (AT HOME: 10spital) attended e on d not) view the boo	A.M. MONTH D. P.M. E OF INJURY street, FACTORY, OFFICE, I the deceosed from Jay ofter death. M.D.	FARM, ETC) FARM, ETC) TO .	21f LOCATION STREET 19 8.3 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	YES NO X RRED (ENTER NATURE OF INJURY IN CITY OR TOWN TO 4-7 death occurred on the dote of Injury In MEDICAL STAFF DIRECTOR PHYSICIAN 297 230 LOCATION CITY OR TOWN	YES	STATE STATE STATE STATE A COUSES STATE A COUSES STATE STATE STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

1	14 ag non p	10
•	nours after death. Page	in by the funeral be filed with \(7 \)
	e be executed within 24	cian and campletely filleders. Pages 1 and 2 should
	that the death certificat	d by the ottending physicase remove carbon popular, cremation, ar remava
	ICIAN: The law requires 9 physicion.	ertificate hos been signedial-transit permit. Then plantal Hygiene prior to buri
0	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be etained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with 77 merin attraction, with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

STATE OF MARYLAND

1	STATE REGISTRAR	DEP		TH AND MENTAL HYC		REG. NO.			
	CEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DI	EATH MONTH	OAY Y	AR 26 HOUR	3
1111	ELWOOD	L.	BAILE	Y		4	13 8	5 9	AM
3. SE	X 4 1	RACE	5. DATE OF BI		6 AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS		
. ,	MALE	Can	VACOZ.	10. 1903	81	YRS		DATS	MIN.
	IRTHPLACE (STATE OF FOREIGN 7b.	CITIZEN OF WHAT COUN	TRY? 8 MARRIED		9 BALTIMORE	CITY OR COUN	TY OF DEA	Н	
SI	WW HILL MD.	U.S.A.	WIDOWED	DIVORCED [1	TALBO	T		MD.
10 C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE		THER INSTITUTION	120 USUAL OC	CUPATION OR MOST OF WORKING		ND OF BUSINESS	OR
8	ASTON, MD	EASTON	MEHOR	YAL	LINOTY	OF OPER.	Pr	INTING	
USU Lie	AL RESIDENCE IF HURLING HOME OR OTH	TER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	INSIDE CITY LIMITS?	13e STREET AD	DRESS / ZIP COI	DF _a		
	MD. CATOL		ALSBURG YE			CADRMY	HUE.	2163:	2
H.F.	ATHER'S NAME	OLE A LAS		MOTHER'S MAIDEN NA		AIOOLE	۸	LAST	
Δ	LUMPHREY	BAILE	1	LENA			aH	AMS	
	WAS DECEASED EVER IN U.S. ARME		SECURITY NO. 17	INFORMANT		ADDRESS			
55		213-0	3-9672A H	MCE H. R	HITEY	FOER			
	18. CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED B		by and ich D. A		EJ.		BET	PPROXIMATE INTERVA	ATH.
	IMMEDIATE C	L/L/F AA	to the	mun	tder	A ,		6 m	
	The same of the sa	DUE TO, OR AS A CONS	SEQUENCE OF	/				V	
	Canditions, if ony, which	(b) . A C	VO					Las	
	cause (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF						
	underlying cause last	(c)							
z	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING	TO DEATH BUT NO	RELATED TO THE TERM	AINAL DISEASE C	R CONDITION G	IVEN IN PA	RT 1:a	
10		cyacilon	leev	note we	Mular	y ted	wa		
ICA.	196 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION W	AS PERFORMED	20s AUTOPS	IN CERT		INDINGS USED USES OF DEATH	?
CERTIFICATION	71a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121	HOW MILLIPY OSSUE			YES 🗌	NO 🗌	
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR	. HOW INJURY OCCUR	KED (ENTER MATUR	E OF INJURY IN ITEM 18	PARTIORPA	RT 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	LOCATION					
MEC	WHILE IN NOT WHILE IT	21e PLACE OF INJURY (AT HOME STREET, FACTORY, O		STREET	(ITY OR TOWN	COUN	TY STA	TE

21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) CITY OF TOWN COUNTY STATE NOT WHILE AT WORK 22a | certify that (I) (this hospital) oftended the deceased fram

sow the deceased alves on obove, (I) (we) (did) (did na)) view the body ofter death. and that in (my) (our) opinion death occurred an the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNE

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME 22e ADDRESS

BURIAL REMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If Bem 21 is

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All the state of t HE THERE SHIP BY TAILS IN THE STATE OF THE S Ho Commit From Allegare on the American flue difference of the committee o Hampfact Same Hame

Berne Berner (Selfie) from Server Mensey

re attending physician and completely filled in the the functor profits pogminer carbooppers. Foges 1 and 2 draud by filled writings Thours attending resistant or resistant.

TO FUNERAL DIRECTOR A should be detached for use with the State Dept. at Hea MAPORTANT. If Nem 21 is in

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

1 - STATE
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REGISTRAR
DEPARTMENT OF H
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

	CRANNI 7	7407		ΛΛ.		Rall	26. DATE OF DEATH	MONIH	85	94
SE		ance:	RACE	141,	5. DATE C	DE BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 3 HIS.
	Female	57h	Wh	ite	MONTH		30	- 1	MONTHS DAYS	HOURS WIFE
1. 81	RTHPLACE (STATE OF	FOREIGN 7b.		WHAT COUNTRY?	8		9 BALTIMORE CITY C	YRS OR COUNTY	OF DEATH	
Ca	mbridge, M	ld.	U.S	.A.	MARRIE	D NEVER MARRIED 💥	7	alhi	ITY OF DEATH 126 KIND OF BUSINESS OR INDUSTRY POULTRY Co. 21869 208, Vienna, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES	
_	TY OR TOWN OF DEA		. NAME OF	HOSPITAL, NURSIN	NG HOME	ROTHER INSTITUTION	120 USUAL OCCUPAT	ION		
,	Castor	//	(III NEW SUC	LMOZIA	(DDRESS)	tospital.	Line work	DF WORKING LIF	Poult	ry Co.
5U.4	L RESIDENCE IF NUM	HO SEME OF OR		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	215	de
Ma	ryland	Dorche	ster	Vienna		YES NO 🛣	Rt. 1, Box		210	69
FA	THER'S NAME	ME	Did	LAST		15. MOTHER'S MAIDEN NA	WIDDLE		LAS	ī
	Calvin N					Florence H				707.0
	/AS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU		17 INFORMANT	ADDRI			
_	No			212-66-	0243	riorence be.	LL, Rt. L,	oox 20		
	PART I. DEATH W	H (Enter only of	one couse per BY:	line for lating, an	diesi +	1 /1	as ye	0 4	BETWEEN	ONSET AND DEATH
		IMMEDIATE (AUSE (o)	reg	pero	wary ar	rest d	10		
Н			DUE TO, O	R AS A CONSEQU	ENCE OF	1+		7		
d	Conditions, if any,		(b)		ar	neralin	of of	74		
	gave rise to imm		DUE TO O	R AS ATEONSEQUI	ENCE OF	11.	1 -1	. /	?	
	underlying couse	Tast.	(c)	proge	saw	e News.	agentialu	1 pm	0	
	PART 2 OTHER SIGN	VIFICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIV	EN IN PART 110	
CERTIFICATION.										
	IN DATE OF OPERA	TION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?			
							YES NO			
	71st. ACCIDENT WAS UND	1998	216. TIME O	FINJURY M. MONTH D.	AV VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	PART I OR PART 2)	
	GRICONTRIBUTING [] (P.		19					
	714 INJURY OCCUR	RED	PLACE	OF INJURY		211 LOCATION	CITY OR TO	wn	COUNTY	STATE
8	AT WORLD	et 🗆	TAI HOME SIK	EET, FACTORY OFFICE, I	FARM EIC)	SMEC				
	77s.1 certify that (1)	(this haspital	attended th	e deceased from_	2	20 19 85	to 4 -	11	19 83	that (1) we) last
	aw the decease	ed alive on	yew the hady	otter death	5 01	nd that in (m) (our) opinion	death occurred on the d	ate and hou	and from the	causes stated
	77E SIGNATURE	0	7	arier dedin.	4.4	DEGREE	-		22c. DATE	SIGNED
	//	R Ve	luc	6	100	ATTENDING	MEDICAL STA			
	274 PHYSICIANS IN	AME THE DER	(Print)	•		22e ADDRESS				
	7									
3 B	URIAL, CREMATION,	REMOVAL I	23b DATE	236.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	SPECIFY)	100				ashington Cem	CITY OR TOWN	Domol	COUNTY	STATE
FU	DERAL DIRECTOR		TIPL OIL		Jan Jan	250. DA1	Hurlock TE REC'D. BY REGISTRAR	25b. REGIST	RAR'S SIGNAT	Marylar URE
K	NAME	1 1	4	ADDRES	ye	S O MAPR	11-7 1005	Win Ja	vidson-12	noeste

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MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH 26 HOUR BALTIMORE CITY OR COUNTY OF DEATH 17h KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Delmarva P 13e.STREET ADDRESS / ZIP CODE 23350 Moore Denton, MD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20h, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO M

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

STATE

22c. DATE SIGNED

24 FUNERAL DIRECTOR Bannister

- STATE

(TYPE OR PRINT)

105063

REGISTRAR

DECEASED NAME

Exmore Northampton 250, DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

W.P.Detrich, M.D. Hashon, HD 21601

executed within 24 haurs after death. Page

that the deoth certificate be

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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STATE OF MARYLAND	1
PARTMENT OF HEALTH AND MENTAL HYGIENE	В
CEPTIFICATE OF DEATH	

		REGISTRAR		CERTIF	CAIL OF DEATH	REG. N	Э.		
		CEASED NAME FIRST	MIDDLE	BROW	A /	20. DATE OF DEATH	MONTH DAY	85	ADOP
- 1	2 CEV	PAU	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIR	(HDAY) I IF UI	NDER I YEAR	IF UNDER 24 HRS
6	3 SEX	TALE	CAUCHSIAN	1 DEC	14, 1930	5	4 YRS		HOURS MIN.
	la. BIF	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	INTRY? 8. MARRIED	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
4	Di	LAWARE	U.SA	WIDOWE		TA	LBOT		MD.
8	CI	ASTON	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI		HOSPITAL	120 USUAL OCCUPATION OF OF WORK-FOR MOST OF		26. KIND OF NOUSTRY	F BUSINESS OR
9	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OF			13d INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS	ZIP CODE	2	1629
1	9 FA	THER'S NAME FIRST	MIDDLE BROWN	AS1	15. MOTHER'S MAIDEN NA		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NoR	1.5
9				AL SECURITY NO.	17. INFORMANT	ADDRE	SS		
4	f A	YES, NO OR UNKNOWN) (IF YES, GI	1955 233	183693	MRS DORIS	BROWN,	DENTO	N. L	13
	TION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A COI (b) DUE TO, OR AS A COI (c) CONDITIONS CONTRIBUTIONS	NSEQUENCE OF NG TO DEATH BUT	& Chegue le	leoboles	in		
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	YES NO	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
1	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	ATH HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	ORPARI 2)	
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
		22a.1 certify that (I) (this hasp sow the deceased alive or abave. (I) (we) (did) (aid no	7-70	19 KF on	d that in (h) (aur) opinian	deoth occurred an the de			that (we) last couses stated
	7	22b. SIGNATURE	etuch		ATTENDING PHYSICIAN	MEDICAL STA	FF TIAN []	22c. DATE S	SIGNED
1		220 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS				.000
		T.P. Det	rich, M.D.	1 2	Easton, N	MD 21601	mmm	., .	,,,,
		BURIAL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION'		DWNTY	STATE
		DURIAL	4/3/83	MBEAST	ERN Sh. YETIL	EM BELLAH	DORC	hESTE	E MD

DHMH - 16 50M 4/85 (VRA 15, 4)

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25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

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m.F. Detrich, M.D. Paston, MD 21601

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A Parish

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within metering physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and complete the bunial-transit permit. Then please remove corbon papers. Pages I and 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TO STATE OF DEATH RECUSION RECUSIO	2017	١,	FOR	DEPARTM	STATE OF MARYLAND ENT AL HY	GIENE	2 % 0	
THE COMMAND CARCE			REGISTRAR					
A BRITHARE SALE SALE SALES AND SALES	oth 3		OR PRINT)		0		11	1 2-0
The BRITHPLACE THAT COUNTY OF BEATH ARREPD NARRED N	bod er de	3. SE		1 RACE	5 DATE OF BIRTH		RTHDAY) IF UNEAR 1 YEAR	IF UNDER 24 HRS
The BRITHPIACE STATE OPPOSITION TO COUNTRY OF DEATH TO COUNTRY TO NOT DEATH TO COUNTRY OF DEATH TO C	10 51	Ln	Jale	White		15		HOURS MIN.
THE COLOR TO COLOR DEATH STATE ONLY ON A SAME OF HOSPITAL, NURSING HOOSE OF THE RESTRICTION AND AND THE ACTION OF THE PROPERTY	Z hou	70. BI	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8	1 - 1	R COUNTY OF DEATH	
SASTA CONTRIBUTING CONTRIBUTING CONSTITUTION OF PART CONTRIBUTING CON	8	10. C	Total Control of the	11. NAME OF HOSPITAL, NURSING			175 KIND (
USLA RESIDENCE (# NUMBERO AND COLORS STORE) 134 INSIDE CITY LIMITS? 135 STREET ADDRESS, ZIP CODE 216 29 150 COLORS 150 COLO	1 278	5	. 0	A	11 . / /	RETIVE OF WORK FOR MOST OF	OF WORKING LIFE) JNDUSTRY	16 1
14 FATHER SMANE MODIE MO	1) = 6	13a S	L RESIDENCE (IF NURSING HOME O TATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE				
Test	<u> </u>	14. F.A	nd Mail	bot Wenton			1 - 1 1 1 1 1 1	
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SCAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) RIFFERDING RIFFERDIN	S 10						500	
PART I. DEATH WAS CRUDED BY COURSE DE LINE OF TO STORY OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CON	is all		NO -	577-263	-1871 Mildred L	-ouise Bra	Itte - awa	3
DUE TO, OR AS A CONSEQUENCE OF (b) Conditions, if ony, which gove rise to immediate couse 101, storing the underlying couse lost (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to Distance of the part 1 to 1	pope novol. ent, th		PART I. DEATH WAS CAUSE	ED BY.	OT LE		BETWEEN	ONSET AND DEATH
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DOUBLES MELL TAM 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY2 70b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES	-		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	DITION GIVEN IN PART 14	0.
OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING COURSED P.M. 19		O.	Diabetes Me	elitus				
OR CONTRIBUTING CAUSE OF BEATH HOUR A.M. MONTH DAY YEAR 19 10 10 10 10 10 10 10 10 10 10 10 10 10	ws on	FICA	19a DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED		IN CERTIFYING CAUSES	S OF DEATH?
OR CONTRIBUTING _ CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 P.M. 1	8 sho	CERT	21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	100		NO [
21d. INJURY OCCURRED	E 4	CAL		A1111				
sow the deceased alive an March 15 19 85 and that in Moiour) opinion death occurred on the date and hour and from the causes stated above ([] Awe) (did) (did not) view the body after death. 27b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSI		MEDI				CITY OR TO	WN COUNTY	STATE
Sow the deceased alive on Merch 15 19 85 and that in my lour) opinion death occurred on the date and hour and from the causes stated obove (I) Awe) (did) (did not) view the body ofter death. 272	Tork A			ital) attended the deceased from	July 3 10 84	in Amal I	10.85	ahaa utu (sua) lasa
2726. SIGNATURE 1276. SIGNATURE 1276. DEGREE 1276. DATE SIGNED 1276. PHYSICIAN STAFF 1276. ADDRESS 1276.	of He 21 is		sow the deceased alive as	March 15 198			, , ,,	
220 PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS Win Love (I m) 230 BURIAL, CREMATION, REMOVAL 230 DATE 230 BURIAL, CREMATION, REMOVAL 230 DATE 231 FUNDERAL DIRECTOR 24 FUNDERAL DIRECTOR 250 DATE RECD. BY REGISTRARIZY R			226. SIGNATURE		177515016	AAEDICAL STAL		
Win Love(TMD) Ken Ave Denton MD 21629 230 BURIAL, CREMATION, REMOVAL 230 DATE 230, NAME OF CEMETERY OR CREMATORY 230, LOCATION CITY OF TOWN ADDITION OF TOWN 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTBAR'S SIGNATURE	Stote		22d PHYSICIAN'S NAME (TYPE	nd tar Cynthia 1	PHYSICIAN [DIRECTOR PHYSIC	IAN \$ 411	3/85
DURI Q APPRESS PAGE TO BY REGISTRAR 250 REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE APPRESS APPRESS	oort,		1.	10		Denton	MO 2113	S
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DHMH - 16 50M 4/83

(VRA 15, 4)

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STATE OF MARYLAND

1.	STATE REGISTRAR			CER1	IFICATE OF I	MENTAL HYG DEATH	REG. N	10		
	CEASED NAME E OR PRINT)	FIRST	H.00	PER Z	Buck		2a DATE OF DEATH	MONTH DA 4-2.	Y YEAR - 85	26 HOUR M
3. SE.		4 RACE	ASIAN	MC	E OF BIRTH	1890	6. AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	IRTHPLACE (STATE OR FO	REIGN 76 CITIZEN	OF WHAT CO	UNTRY? 8.	RIED NEVER	71 - h	9 BALTIMORE CITY	OR COUNTY C	F DEATH	
	ryland		SA	WIDO	WEDX DI	VORCED [101	bot		MD.
	Easton	Hen	IN SUCH FACILITY	, NURSING HOM GIVE STRUET ADDRESS)	tal at 1	Easto	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST 7 Antique	OF WORKING LIFE)	INDUSTRY	Employed
13a. S	AL RESIDENCE (IF NURSIN STATE [] [aryland] ATHER'S NAME	G HOME OR OTHER INSTIT 36. COUNTY Talbot		OR TOWN	13d INSIDE C	ITY LIMITS?	13e STREET ADDRESS		ıgh St	./2160
13.17	FIRST	MIDDLE		LAST		FIRST	MIDDLE	-	LASI	1
láa V	Henry VAS DECEASED EVER IN	Yerb		Hooper IAL SECURITY NO	Mar D. 17 INFORMA		★ DDR	OS Box	eComp)te
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DA		-32-723						1 21662
-1	18, CAUSE OF DEATH	Estas salvana save	1214		33 Ann	D. DUS	sert Ro	yal Oa	APPROXI	1.21662
CERTIFICATION	PART 2. OTHER SIGNI	FICANT CONDITION	ns Contribut	ING TO DEATH B	UT NOT RE LATED		200 AUTOPSY? YES NOVE	20b. IF YES, V	WERE FINDING CAUSES	GS USED
MEDICAL CER	21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRE	USE OF DEATH HOU LEXAMINER) D 21e. PL	P.M.	NTH DAY YEA	9 211. LOCATIO		ED (ENTER NATURE OF INJI			
W	WHILE NOT WHILE		ME, STREET, FACTOR	Y, OFFICE, FARM ETC }	STREET		CITY OR TO	OWN	COUNTY	STATE
	22a. I certify that (1) (1	his hospital estend	2	19 83	7 DEGREE	(our) apinion o	, to	FF		
	Stephen	P. Carney	. M.D.	0	77* ADDRES	5	21/21		1//	
71s. f	SURIAL, CREMATION, RE		At Many to the owner of the Party of the	33c. NAME OF	F CEMETERY OR		234 LOCATION CITY OF TOWN	1 0	COLLAN	Mate
B	UNERAL DIRECTOR	4-	20-85 Home	Druid ADDRESS Faston	Ridge	25a. DATE	Baltimo: REC'D. BY REGISTRAR	re Ba	1t.	Md.
_				Easton,	Md. 216		0 1300	-		•

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DHMH - 16 60M 7/84 (VRA 15, 4)

by the funeral director, page 3 liled within 72 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and co should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is morked or Item 18 shaws any injury, ar other troumotic event, the medical

	REGISTRAR		CEKI	IFICATE OF DEATH	REG. NO	o.		
	CEASED NAME E OR PRINT)	olen	H. Bu	rgens	4-2	MONTH DAY	SS 2b.	6 DM
3. SE	U	4. RACE	MO.	E OF BIRTH	6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDI		UNDER 24 HRS
	Male	White	214	gust 14, 1899	85	YRS.		1 17
7a. B	IRTHPLACE (STATE OR F	OREIGN 76 CITIZEN C	F WHAT COUNTRY? 8	RIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DI	EATH	
	Iburn, N. Y	. U.S	WIDO	WED NORCED	latt	201	WW.12.05.5	MD.
8	as for	e W	SUCH FACILITY, GIVE STREET ADDRESS)	1	120 USUAL OCCUPATION (TYPE OF WORK FOR MOSTO) Tool & Die	F WORKING LIFE) IN	DUSTRY	Electi
13a	AL RESIDENCE (# NURS STATE	13b COUNTY	DN, GIVE RESIDENCE BEFORE ADMISSION 136. CITY OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	2	11001
-	ryland	Talbot	Easton	YES NO	5 Park Lan	e Hyde F	ark	., - ,
	John Allen	Burgess	LAST	Ella May P	atterson		LAST	
	WAS DECEASED EVER YES, NO OR LINKNOWN)	IN U.S. ARMED FORCES			ADDRE		216	
	Yes	WWI	215-01-3885	Mikki Kapel	a, 5 Park La			
	PART I. DEATH W	H (Enter only one couse p AS CAUSED BY IMMEDIATE CAUSE (a)	per line for (a), (b), and (c).	CARNIDGENIC	- SMOCK	12 12 1	APPROXIMAT BETWEEN ONSE	E INTERVAL ET AND DEATH
	Conditions, if ony,	which (b).	OR AS A CONSEQUENCE OF	Myocarsal	NFARCTON		1 DA	7
	couse (a), statin	g the DUETO.	OR AS A CONSEQUENCE OF	CORONARY D	CACE		YRS	1
LION				UT NOT RELATED TO THE TER/				
CERTIFICATION	19a. DATE OF OPERAT		IDITION FOR WHICH OPERAT	4	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	CAUSES OF	
_	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRIBUTION MEDICAL CONTRIBUTION CON	AUSE OF DEATH HOUR	OF INJURY A.M. MONTH DAY YEA P.M. 1	AR	RRED (ENTER NATURE OF INJUR	Y IN ITEM IB PART I OF	RPART 2)	
MEDICAL	21d INJURY OCCURE	LAT HOME	E OF INJURY STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn cc	YIMUC	STATE
	AT WORK NOT WH	RK L		1/28 80	12	100		
î	sow the decease	(this hospital) attended ed alive on hid)(did not) view the boo	4/79 19 85	ond that in (my) (our) apinion	deoth occurred on the do	te and hour and f		t (II (we) lost ises stated
	22b. SIGNATURE	1000 D	bredens	DEGREE ATTENDING PHYSICIAN	MEDICAL STAP	F	21 DATE SIG	NED 85
	22d. PHYSICIAN'S NA	- 6	MAN	22e ADDRESS	ARVEL CT	EASTON,	MD 21	601
23a 8	SURIAL, CREMATION,			F CEMETERY OR CREMATORY	23d. LOCATION	COUN		STATE
0.4	Entombmen	t May 2	, 1985 Loudor	Park Mausoler	m Baltimor	e. Marvl	and	
74 F	UNERAL DIRECTOR	1 2.	ADDRESS	250. DA	TE REC'D BY REGISTRAPI	741 000	** 'RE	ŧ.
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0	
	CEASED NAME FIRST EORPRINT) GENE	vieve L	. Bu	HS	20 DATE OF DEATH	H-17-8	5 2 PM
3. SE	Female	Caucasia:		DAY YEAR	6 AGE (IN YEARS LAST BIR	YRS	DAYS HOURS MIN.
W	IRTHPLACE (STATE OR FOREIGN COUNTRY) St Virginia ITY OR TOWN OF DEATH		MARRIE	D NEVER MARRIED DIVORCED DIVORCED DIVORCED	Talbo 12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEW	ION 12b K	MD.
M	STATE ATYLAND Carc ATHER'S NAME	oline Der	nton	13d. INSIDE CITY LIMITS? YES NO 1	13e STREET ADDRESS 212 Seve		21629
	Thomas	M. Wile	dman	Ida	C.	Smi	th
	WAS DECEASED EVER IN U.S. AR	E WAR OR DATES	4584225	Mr. James	Forrest,	Denton,	Md.
rion	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse last. PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	liters				
TIFICAT	190 DATE OF OPERATION	196, CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	FINDINGS USED AUSES OF DEATH?
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE- LIFETHER NOTHY MEDICAL EXAMINED 210. INJURY OCCURRED WHILE OF WHILE ALT WORK AT WORK AT WORK	P.M.	ONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU		
	22a. I certify that (I) (this hasp		19 01	nd that in (my) (our) opinion	deoth occurred on the d	ote and hour and fro	m the couses stated
(224 SIGNATURE 224 SIGNATURE 12491 S Lawrence D.		Dian	ATTENDING PHYSICIAN CONTROL ADDRESS Easton, Md	MEDICAL STA DIRECTOR PHYSIC	FF	DATE SIGNED
23a	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b DATE 4/22/85		emetery or crematory Cemetery	23d LOCATION CITY OF TOWN Denton	Carolir	state MD
24 8	MERALDIRECTOR FULL	BRAL HO	NES DE	ATO 250. DAT	E REC'D. BY REGISTRAR	256 REGISTRAR'S SI	SNATURE Condesse

Subject Bairdson - Randelle

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

retained by the haspital ar attending physician.

TO HOSPITAL

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban pages, Pages, and 2 should be filed within 72 hours offer death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, th

Semele Saucasien March 10, 1545 70

Maryland Caroline Denton an 212 devent: Sv. 2105 2nomes M. Wilden Tae V.C. Inith

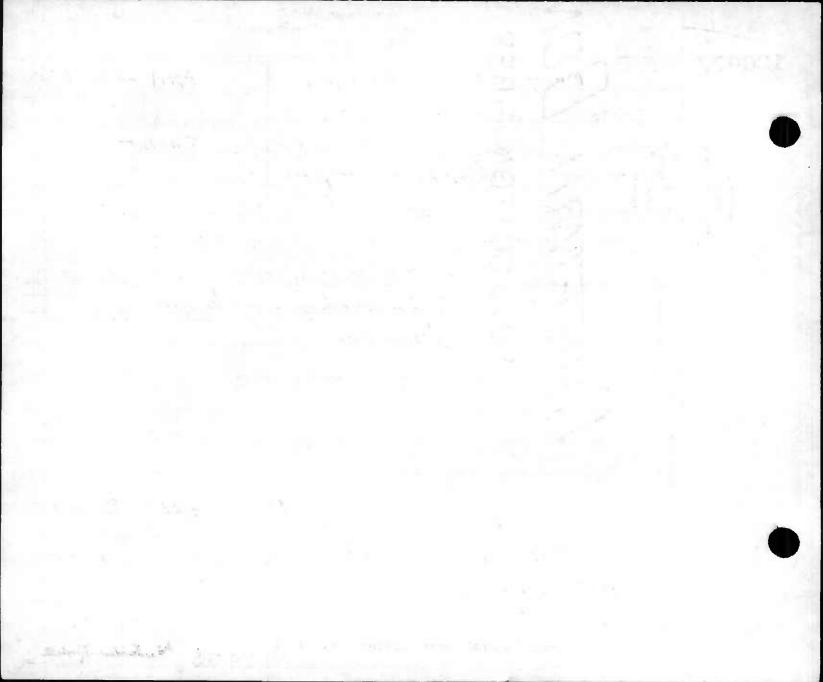
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	REGISTRA

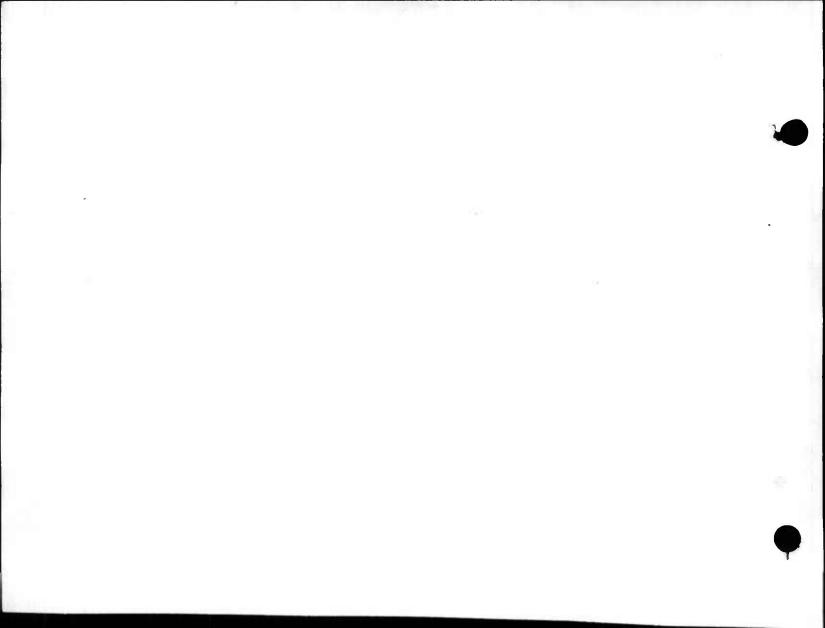
EPARTMENT OF HEALTH AND MENTAL HYC	IENE REG NO.	
LASI	20. DATE OF DEATH MONTH DAY YEAR	2b F

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	3. SEX		4. RACE		5. DATE OF	BIRTH	YEAR	6 AGE INYE	ARS LAST BIRTHDAY)	IF UNDE	R I YEAR DAYS	IF UNDER
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lifted in by the tashould be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 thould be filled with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR				CERTIF	ICATE OF	DEATH	REC	, NO.		
	PECEASED NAME	FIRST		MIDDLE	į.	AST		20. DATE OF DEAT	HINOM H	DAY YEAR	2b. HOUR
1	J	OhN	+	+	D	AFF	IN SR	0	DRIL 1	5,1985	112
	SEX		4 RACE		5. DATE C	F BIRTH	YEAR	6 AGE (IN YEARS L	T BIRTHDAY)	MONTHS DAYS	IF UNDER A H
M	ale		Cauca	sian	Oct.		1904	80	YRS.	MONTHS DATS	HOURS M
	BIRTHPLACE (STATE OR F	FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8	* NEVE	MARRIED -	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
	Maryland		U.S.		WIDOWE		DIVORCED [TI	21 hot	-	
10.	CITY OR TOWN OF DEA	ATH		HOSPITAL, NURS		R OTHER IN	STITUTION	12g USUAL OCCUI		126 KIND OF	BUSINESS
	EASTON		Me	morit	ah H	ospit	-AL	farmer			
130	UAL RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION.	GIVE RESIDENCE BEF		13d. INSIDE	CITY LIMITS?	13e.STREET ADDRE	SS / ZIP COD	DE .	
	aryland	Tall	oot	Eastor	a	YES 🗌	ио*	R.D. #1	Box	285/21	601_
14.1	FATHER'S NAME	r Fré	ink Da	CC: ~ LAST			R'S MAIDEN NA		E	LAST	
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CERTIFICATION	PART 2 OTHER SIGN				O BEATH BUT	not relati			20b. IF YE	ES, WERE FINDING	
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	OR CONTRIBUTION (CAUSE OF DEA			DAY YEAR	21c. HOW	INJURY OCCURI	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
MEDICAL	216 INJURY OCCURE		21e. PLACE		CE SARM EIC 1	211 LOCAT		CITY	IR TOWN	COUNTY	STATE
2	AT WORK NOT WH	RK	TATHOME SI	ice, ractors, offic	E, FARM, ETC.)	1/2	de		110	06	
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	sow the decease obove, (I) (we) (c	ed olive on, did) (did not) view the Body	ofter death.			y) (our) opinion	death occurred on th	e dote and ha		
	22b. SIGNATURE	114	lion	9	K	DEGREE 1	ATTENDING PHYSICIAN	MEDICAL MEDICAL PH	STAFF YSICIAN [224. DATE S	19.8°
L	22d. PHYSICIAN'S NA	11	Crb	wley		72e ADDR	Ea	ston, N	1D		
23 a	BURIAL, CREMATION,	REMOVAL	23b. DATE				RCREMATORY	234 LOCATION	и	COUNTY	STATE
	Burial		4-18-	-1985	Sprin	g Hil		Easto	n, Tal		aryla
24	Newham F	uner	1 Home	ADOSES:	aston.	Md		E REC'D. BY REGIST		TRAR'S SIGNATU	IRE
4.	INCMINATE P	LILET	L HOIRE	5 D.C	10 LUIL	I'ILL.	0.0	BD ELL ELL	/		

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FOR DEPARTMENT OF HEAD

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REGISTRAR REG. NO. DECEASED NAME MIDDLE 2a DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) В. 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX 5. DATE OF BIRTH MONTH male caucasian 1903 June 7a. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED Maryland WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY carpenter USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI Talbot 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland Easton Box 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Arthur Daffin Anna Mielke 17 INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. TO OR UNKNOWN) LIE YES, GIVE WAR OR DATEST 217-01-8086 Bernice W. Daffin see item 13 18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 21 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPINION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [21a, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M ALL VALUE OCCUPATED 21e PLACE OF JAJURY 211 LOCATION COUNTY STATE AT HOME STREET HAS DONE, OFFICE, FARM, ETC.) CITY OF TOWN 220.1 centify that (1) (this hospital) attended the decembed from and that in (my) (our) opinion death occurred on the date and hour and fram the couses stated obove (1) (we) (did) (did not) vie 22c. DATE SIGNED ATTENDING MEDICAL STAFF 4-14-1985 DIRECTOR PHYSICIAN 22e ADDRESS LOW RENCE Dutchman's Lane Easton, Md. 21601 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 4-17-1985 Woodlawn Memorial Easton, Talbot, Maryland 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Newham Funeral Home ^o Easton, Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	SEX	H. H.	5. DATE OF B		6 AG	E (IN YEARS LAST BI	RTHDAY) IF L	UNDER I YEAR IF UN
-	female	caucasian	11	6		73	YRS	
5	BIRTHPLACE (STATE OR FOREIG COUNTRY)	USA	MARRIED WIDOWED	NEVER MARK	RIED 🔲	TIMORE CITY O	L T	FDEATH
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR O		ION 120 U	SUAL OCCUPAT		126 KIND OF BUS
7	Casion	(IF NOT MICH FACILITY, GIVE S	al Ho.	spital				INDUSTRY Education
4		COUNTY 13c CITY OR 1		INSIDE CITY L		REET ADDRESS		
M	aryland Qu	ieen Anne Gras		MOTHER'S MA	X Rt.	1 Box	4A/216	38
1	John Wes	sley Holder	n	Mo11:	ie	WIGOTE	Boo	ker
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7					D 20a	AÜTOPSÝ?	20b. IF YES, W	VERE FINDINGS UNIONES OF D
		19b. CONDITION FOR WH	lich Operation w	/AS PERFORME	D 20a	aŭtopsy? s □ No X	20b. IF YES, W IN CERTIFYIN YES [VERE FINDINGS UNG CAUSES OF D
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WE	lich Operation w	/AS PERFORME	D 20a	aŭtopsy? s □ No X	20b. IF YES, W IN CERTIFYIN YES [VERE FINDINGS UNG CAUSES OF D
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	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WE OF DEATH HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	DAY YEAR	AS PERFORME	D 20a	AUTOPSY?	20b. IF YES, WIN CERTIFYIN YES [VERE FINDINGS UNG CAUSES OF DELICATION NO.
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE (IF RITHER NOTIFY MEDICAL EX. 21d. INJURY OCCURRED	19b. CONDITION FOR WE NG	DAY YEAR	AS PERFORME	D 20a	aŭtopsy? s □ No X	20b. IF YES, WIN CERTIFYIN YES [VERE FINDINGS UNG CAUSES OF D
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	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX. 21d. INJURY OCCURRED WHILE	19b. CONDITION FOR WE NG 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY OFF	DAY YEAR 19 21 EIGE, FARM, ETC.)	AS PERFORME CHOW INJURY LOCATION STREET	D 2000 YES	AUTOPSÝ? NON NIER NATURE OF INJL CITY OR TO	20b. IF YES, WIN CERTIFYIN YES [VERE FINDINGS UNG CAUSES OF DINCH NOT THE PART 2)
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX. 21d. INJURY OCCURRED WHILE	19b. CONDITION FOR WE OF DEATH OF DEATH AMINER; 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY OFF	DAY YEAR 19 21 EIGE, FARM, ETC.)	C. HOW INJURY I LOCATION STREET and in (my) (our)	D 2000 YES	AUTOPSÝ? NON NIER NATURE OF INJL CITY OR TO	20b. IF YES, WIN CERTIFYIN YES [VERE FINDINGS LING CAUSES OF DINCONTY COUNTY that I and from the couse
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CAUSE (IF EITHER NOTIFY MEDICAL EX. 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this sow the deceased all obove, (1) (we will a 1) (e)	19b. CONDITION FOR WE NG 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY OFF	DAY YEAR 19 21 21 21 21 21 21 21 21 21 21 21 21 21	AS PERFORME C. HOW INJURY I LOCATION STREET Location (my) (our)	D 20e YE	AUTOPSÝ? NON NIER NATURE OF INJL CITY OR TO	20b. IF YES, WIN CERTIFYIN YES [URY IN ITEM 18 PART OWN 19	VERE FINDINGS LING CAUSES OF DINCH COUNTY
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX. 21d. INJURY OCCURRED WHILE	19b. CONDITION FOR WE NG 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY OFF hospitol) attended the deceased from the on 3 3 did not) view the body after death.	DAY YEAR 19 21 21 21 21 21 21 21 21 21 21 21 21 21	C. HOW INJURY I LOCATION STREET Ont in (my) (our) REE ATTER PHYS	D 2000 YES OCCURRED (E	AUTOPSY? DO NOT NOT NOT NOT NOT TO STATE OF INJURY OF TO STATE OF THE DOCUMENT OF THE DOCUMEN	20b. IF YES, WIN CERTIFYIN YES [JRY IN ITEM 18 PART DWN 19 ote and hour or	VERE FINDINGS LING CAUSES OF DINCONTY COUNTY that I and from the couse
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX. 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (I) (this sow the deceased of above. (I) (we shall (c. 27b. SIGNATURE)	19b. CONDITION FOR WE NG 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY OFF Thospital) ottended the deceased from the analysis of the body offer death. (TYPE OR PRINT)	DAY YEAR 19 21 21 21 21 21 21 21 21 21 21 21 21 21	AS PERFORME C. HOW INJURY I LOCATION STREET And in (my) (our) REE ATTEM PHYS e ADDRESS	OCCURRED (E	AUTOPSY? DIEN NATURE OF INJURIES NATURE OF INJURIE	20b. IF YES, WIN CERTIFYIN YES [JRY IN ITEM 18 PART DWN ote and hour or	VERE FINDINGS LING CAUSES OF DO NO
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/ Sides	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. I certify that (1) (this sow the decessed of obove. (1) (we will be obove. (2) (we will be obove. (3) (we will be obove. (4) (we will be obove. (4) (we will be obove. (5) (we will be obove. (6) (we will be obove. (7) (we will be obove. (1)	19b. CONDITION FOR WE NG 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY OFF did not) view the body ofter death. (IMPE OR PRINT) Carney, M.D.	DAY YEAR 19 211 211 211 211 211 211 211 211 211	LOCATION STREET LOCATION STREET ATTER PHYS A ADDRESS Dutch	OCCURRED (E OCCURRED (E Opinion death of	AUTOPSY? DIVIDITY OF TO THE OF INJURY CITY OF TO CITY OF TO COURTED ON THE OF INJURY CITY OF TO COURTED ON THE OF INJURY CITY OF TO COURTED ON THE OF INJURY COURTED	20b. IF YES, WIN CERTIFYIN YES [JRY IN ITEM 18 PART DWN ote and hour or	VERE FINDINGS LING CAUSES OF DO NO
23	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX. 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (I) (this sow the deceased of above. (I) (we shall (c. 27b. SIGNATURE)	19b. CONDITION FOR WE NG 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET. FACTORY OFF Add not) view the body ofter death. (14PE OR PRINT) Carney, M.D. OVAL 23b. DATE	DAY YEAR 19 21 21 21 21 21 21 21 21 21 21 21 21 21	LOCATION STREET LOCATION STREET ATTEM PHYS ADDRESS Dutch TERY OR CREA	OCCURRED (E OCCURR	AUTOPSY? DIEN NATURE OF INJUITED NATURE OF INJUITE	20b. IF YES, WIN CERTIFYIN YES [JRY IN ITEM 18 PART DWN 192 ote and hour or FF CIAN aston,	VERE FINDINGS LING CAUSES OF DO NO

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1 DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
(TYPE OR PRINT) Ouida	Dilg	Dixon	April 29, 1985	2:25 PMM
1. SEX	4 RACE	5. DATE OF BIRTH	WO.	INDER I YEAR IF UNDER 24 HRS THS DAYS HOURS MIN.
Female	Cau	Sept 30, 189	2 92 _{YRS}	
THE BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF	DEATH
New Jursey	USA	WIDOWED DIVORCED	Talbot	MD.
Easton Meridian - T		URSING HOME OR OTHER INSTITUTION STREET ADDRESS) THE PINES Easton, Md.		12b. KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE (IF NURSING HEM) New Jersey	E OR OTHER INSTITUTION GIVE RESIDENCE DUNTY 131, CITY OR WEND	REFORE ADMISSION) RETOWN 13d INSIDE CITY LIMITS? PARM YES NO	13e.STREET ADDRESS / ZIP CODE	07945
14 FATHER'S NAME	MIDDLE LAS	15. MOTHER'S MAIDEN I	MIDDLE	LAST
Peter I	slee	1	ietta Romer	
WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	ADDRES Marti	nethamm
No No		8-2794 Mrs. Shir	lev Bedell St.	Wichaels, Md
18 CAUSE OF DEATH (Ente	anly one cause per lun far (a), (by, and ic. O O :	A 1	BETWEEN ONSET AND DEATH
PART I. DE ATH WAS CAI	DIATE CAUSE (a) 1510	teral limes	LADO DURINA	i 2 wells
	DUE TO, OR AS A CONS	SEQUENCE OF	1 (40.	
Canditions, if any, which	((b) Clu	was ala	Truse calment	4 70.
gove rise to immediate cause (a), stating the		SEQUENCE OF		
underlying cause last.	(0)	150VI)		
	NT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TE	rminal disease or condition given	IN PART 110
NO THE DATE OF OPERATION 210 ACCEPTATIONS THE DATE OF OPERATION	ne			
198 DATE OF OPERATION	1% CONDITION FOR W	HICH OPERATION WAS PERFORMED	78n AUTOPSY" 78b IF YES, W	ERE FINDINGS USED IG CAUSES OF DEATH?
Ta .			VES [] NOTE VES [□ NO □
		DAY YEAR	URRED (Evine varies or market him is even	CREAT D
S CHEILHER HOTHY WELLCH EXAM		19		
2114 INJURY OCCURRED	21s PLACE OF INJURY	ZII. LOCATION	White all	COUNTY STATE
WHILE D SOT WHILE D	The Saletti Andrews Constitution	1-10 61	1/20	0
	ospital attended the deceased t		10 4 19	A that (I () pst
saw the decembed alive obove (I) give yill the dis	not your the body after death.	and that in (my) (ovr) bpinio	on death occurred on the date and hour ar	d from the causes stated
ME THE TURE	I DOD	DEGREE	- Lineau	171 DATE SIGNED
Willet -	taw ha	W ATTENDING		4/29/8
22d PHYSICIAN'S NAME	DE CREMINITY	7716 ADDRESS	We 3 Bm/ 125	1
HUBERT T	, PANKIN	JR. SASTO	N MARININA	VO 21601
230. BURIAL, CREMATION, REMOV		236 NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	DUNTY 3 BY STARP
Burial	May 2, 19	850cean View Cem.	Staten 33.	land, N. STAY.
PRELINE AL DIRECTOR	2 0.00	Lss h 1 1 h A 159 8	ATE REC'D. BY REGISTRAR 256 REGISTRAI	201 8.00
Spinson Go	Xunua 13	o il pichello ville Al	UD 1000 guille David	Maria Calbura

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR.

DHMH - 18 60M 7/84 (VRA 15, 4)

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Peter Diles

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ST	1.	FOR STATE REGISTRAR		DEPARTN	NENT OF HI	OF MARYLAND EALTH AND MENTAL CATE OF DEATH		E REG. N	<u>්</u> ර	٥	
105095	(TYPE	CEASED NAME OR PRINT)	Y	MIDDLE	Di	itton		apk	MONTH 3	1985	26. HOUR 1
or. po	3. SE	× /	4 RACE		5. DATE O	F BIRTH DAY YEAR		GE (IN YEARS LAST BIR		ONTHS DAYS	HOURS MIN.
oge oge		LE RTHPLACE (STATE OR FOREIGN	White	WHAT COUNTRY?	Feb.	3, 1904		81 ALTIMORE CITY C	YRS	OF DE ATH	
deoth. P	De	COUNTRY)	U	SA	WIDOWE			7	Alba	st	MD.
South of the	1	EAS took	Me	MORI A	ADDRESS:	OSPITAL	(19	11wr1gn	OF WORKING LIFE	INDUSTRY	BUSINESS OR
The He	De	AL RESIDENCE (I NUISHO HOR OUT TATE KET		Felton	ADMILISON)	134 ASIDE CITY LIMI YES [] NO K	R.	D. 2 B	ZIP CODE OX 95	7991	9943
1 18/10/	TA FA	THER'S NAME	webbit	Last		15 MOTHER'S MAIDE FIRST	EN NAME	MIDDLE		LAST	
		lo record VAS DECEASED EVER IN U.S. AR	MAED EODOES?	116b SOCIAL SECU	DITY NO	No rec	cord	ADDRI	- 1 L	D-	1 100/
on ond medical		YES, NO OR UNKNOWN) (IF YES, GI	/E WAR OR DATES)			Ruth Dut	ton,			957	1. 1994
T., BAL infricate physicia moool: vent, th		18 CAUSE OF DEATH (Enter of PART). DEATH WAS CAUSE	nly one couse per D BY. TE CAUSE (a)	Respi	1	y Arvest	+			BETWEEN OF	ATE INTERVAL NSET AND DEATH
201W. PRESTO THE Control set by the offend please remove co rial, cremotion, c. or other froumo		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, O		re a	sudeing	î II.	,			
ory or bridge	Z	PART 2 OTHER SIGNIFICANT	1.		1	NOT RELATED TO THE		l disease or con	DITION GIVE	N IN PART 11a	
d d le low require low require low requirement. The permit. The ene prior to was ony injury	CERTIFICATION	190. DATE OF OPERATION		ITION FOR WHICH			2	YES NO		WERE FINDING	
PECL. YSICIAN: The YSICIAN: Th		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A	DE INJURY .M. MONTH DA .M.	Y YEAR	21c HOW INJURY O	CCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT OR PART 2)	
ING PHYSIC os the buring the os the buring the ond Mer	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY OFFICE, F		211 LOCATION STREET		CITY OR TO)WN	COUNTY	STATE
S B B B B B B B B B B B B B B B B B B B		220.1 certify that (1) this hosp sow the deceosed alive or above (1) But I did not	7	1 7	EJ , on	that in my 3 on op	E3 pinion deot	to	ote and hour	9 23 , the ond from the co	na (1) (ye) last
at OR ATTER the hospito at DIRECTOI retoched for the Dept. of H		22b. SIGNAFURE	Anich	Resident Less	C	EGREE ATTENDI	ING M	EDICAL STA	FF CIAN []	220 DATE S	IGNED 1/95
TO HOSPITA TO FUNEE STOUM BY WITH HIM SHO		Samuel Q.		r, M.D.	1	P.O. Box				o, Md.	7.0.1
of of the state of		SURIAL, CREMATION, REMOVAL	-		IAME OF CE	METERY OR CREMAT		3d LOCATION	-		
1448644	Bı	rial	4/6/	/85 Mt	. 01i	ve		Sandtow		Kent,	Del.
DHMH - 16 80M 7/84 (VRA 15, 4)	24 FL	Villame and a	Bony	ADDRESS Milf	ord,		APR	1 0 1985	25b. REGISTE	PAR'S SIGNATE	Pflake

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	١.	FOR		ST/ DEPARTMENT OF	HEALTH	ARYLAND	YGIENE 2	5 3 /	
127181		STATE REGISTRAR		DICAL EXAMI			EDEATH	EG. NO.	
ASE OR. URS EET,	(TYP	CEASED NAME PE OR PRINT) Substitution PE OR PRINT)	la L	MIDDLE Face	rte	rut#	OF EST DEATH MAT	MONTH DAY	985 6 PM
CESSARY PLEASE ERAL DIRECTOR. OR YOUR FILES INHINYZ HOURS PRESTON STREET,		FEMALE CAUC.	5. DATE OF BIRTH MARCH	1.1., 1.920	DAY! WOMITING	DAYS HOURS	MIN PRONOUNCED	7 77	1985 6 DM
帝でいる。	N	IRTHPLACE (STATE OR LARYLAND	U.S.A	•	WIDOWE		ED D Jac	CITY OR COUNTY OF DE	MD.
PAGE 1 PAGE 25 201	8	es form	The	PITAL, NURSING HOA	P	INSTITUTION	HOUSEWIF	ORI	D OF BUSINESS INDUSTRY VIE
AND 3 TO AND	13a. S		LBOT	IJL CITY OR TOWN WITTMAT	13	A MISTOR CITY EMMITS!	SEWELL PT	. Rd. 216	576
C TO THE CO	14. FA	ATHER'S NAME	WDDIE	LOMAX		UNKO	WN	1A	68
ST., BATTHOOURS AFFE IDOURS AFFE IDOURS AFFE IDOURS AFFE IDOURS AFFE IDOURS AFFE IDOURS IDOUR ID		WAS DECEASED EVER IN U.S. AF	RMED FORCES?	213-12-	586W	PARRICI	A A RAIRB	SNES WITH	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B. S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS RITING THE WORD."PENDING" IN PENCIL IN TEM 18. G RDED TO THE CHIEF MEDICAL EXAMINER ALONG WIT E3 SHOULD BE USED AS A BURIAL - IRANSIT PERMIT. P. EDEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIV OF PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	PART 2 OTHER SIGNIFICANT CONDITION	ED BY: ATE CAUSE (c) DUE TO OR h te DUE TO OR DUE TO OR	AS A CONSEQUENCE	Of	R CONDITION GIVEN IN PA	RT I (o).	Mr./	EN ONSET AND DEATH
SHOULD E SHOULD E OND "PEN CHIEF ME E USED AN	CERTIFICATION	190. DATE OF OPERATION	196 CONDI	TION FOR WHICH OPE	RATION WAS	PERFORMED?			JTOPSY?
CERTIFICATE STATEMENT ESTATEMENT	MEDICAL CER	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 214. INJURY OCCURRED		MONTH DAY YEA	211 LOCA		D LENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	*
DIVIS THIS CER WRITIN WARDED PAGE 3 1201 PI	MEC	WHILE NOT WHILE AT WORK		TORY, FARM, ETC.)	STRI		CITY OR TOWN	COUNTY	STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		220 Certify that Loak char death resulted from: Not ACTUAL SIGNATURE	uro/couses A	cribed above, held an	Autopsy e , M.D	Homelide Homelide	ndetermined monner	OND IN MY OPINION DATE SIGNED	24-85
TO MEDIC EXECUTE TO PAGE AS PAGE AS AFTER DEAS AFTER DEAS	73n B	(TYPE OR PRINT) R. URIAL, CREMATION, REMOVAL		OTH M.D.		DDRESS ST.	MICHAELS,	MARYLAND	21663
BP	(5	BURIAL WERAL DIRECTOR	APRIL 2	6, 1985	LIVET	CEMENE	CITY OR TOWN	COUNTY	BOT Md.
DHMH - 17 (VR A15 ME (5))	8/	NAME (SELECTION CONTRACTOR	med to	It Micke	ils/	Chay o	2 1095 July	Davidson-Randal	Я

es onet il the first bloom A-TELECONOMIC NEW PROPERTY OF THE PROPERTY OF E-GAL SELECTION AND ADDRESS OF THE PARTY OF CARTLAND FALLOS WITTERN CHEET PT. Rd. 21076 APONSA XVIIO --- 213- 2-559F PARKLUIA A. MAJRUNGE 21676

LL .. PEOEK EMAIL .S

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Edo S. L. Landerson and C. C.

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- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. 1	10.			
a. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
APRI	_	24	1985	320

- 1	I. DECEASED NAME	MIDDEC			ZE DATE OF DEATH	ONTH DA	I LAK	ZD HOUSE
	(TYPE OR PRINT) JOHN	E.	Fair	banks	APRIL	24	1985	30p
1	3. SEX	4 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTH		UNDER TYEAR	IF UNDER 24 HRS
	Male	Caucasian	July	N/K 1924	60	YRS	INTHS DAYS	HOURS MIN.
Ž,	70. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY OR	COUNTY	F DEATH	
7	Maryland	U. S. A.	WIDOWE	D NEVER MARRIED DIVORCED	- 1 111 2 57	•		M
7	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		R OTHER INSTITUTION	TYPE OF WORK FOR MOST OF V			F BUSINESS OR
	EASTON	MEMOGIAC HO	SPITT	R AT EAST	Farmer	VORKING LIFE)		ning
	USUAL RESIDENCE (IF NURSING HOME OF	ROTH R INSTITUTION, GIVE RESIDENCE BEFORE NTY 136, CITY OR TOW		133d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 7	710 CODE		
1	118 6001	line Ridgely		YES NO	Maryland		nue :	21660
0	14 FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN N				
	John Lawre		B	Minnie			Colli	son
7	160. WAS DECEASED EVER IN U.S. AR		RITY NO.	17 INFORMANT	ADDRES:	ŝ		
-	YES NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES) 213-12-5	1949	Mrs. Otti	ilie Rust,	Harr:	ingto	n, Del
4	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one couse per light for (a), (b), and	Brich	Sale Control			HIT OF NO	MATE OUTERVAL INSET AND DEATH
1	IMMEDIA	TE CAUSE (a) Dance	16 m	remor	rea		day	10
1		DUE TO, OR AS A ANSEQUE	NCHOE	^			01	
1	Canditions, if any, which	(b) Bulm	52-6	als	ush		de	12
	gove rise to immediate	Unlater		101	0 0		/	٨
1	underlying couse last.	DUE TO, DE SA CONSEQUE	NCE &	+/D/11	tractus	-0	1110	· Kan

20b. IF YES, WERE INDINGS USED IN CERTIFYING CAUSES OF DEATH? 190. DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M

21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE

21f LOCATION

STATE CITY OR TOWN

YES

22 o.	I certify	thot	(I) (this	hospito	sl) ottend	ed the	deceased	from_
	sow the	dece	osed ali	ve an_				19_
	abave, (1) (we	(did) (did nat)	view the	body o	fter death	
22b.	SIGNAT	UR5	-	2			1.	,

PHYSICIAN DIRECTOR PHYSICIAN

NO F

23a. BURIAL, CREMATION, REMOVAL

Cremation

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

CITY OR TOWN Lewes

and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated

Bussex

CERTIFICATION

MEDICAL

shows

or Item 18

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR:

shauld be detached f with the State Dept. o

IMPORTANT:

Crematory

John E Forthern L. G. Erleit et et dale transcond n and 1924 60 daryland ____ u. L. L. California Tampi Laborati Labo Could shaw the grant X yieghin ontioned basiyasi John Dayrence Februare Milmite Distone Joiling Tid and mer ottilie and, norman bul. The state of the s apple there all the we will be the first time there are The term of the factor of the decide of the second to X × 4 4/15 The first

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DHMH - 16 50M 4/83 (VRA 15, 4)

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		FOR 4/18/8	5 rja		DEPARTA		EALTH AND ME	and filling	IENE	2 3	40	
	1 -	STATE REGISTRAR					ICATE OF DE					
	1 DEC	CEASED NAME	FIRST		WIDDLE		AST		7a DATE OF DEA	G. NO.	DAY YEAR	2h HOUR
t		OR PRINT)	EARL	E T	HOMAS	FOS		₹.		,	4 85	7:00RM
	3. SEX	x	1	I. RACE		5. DATE C		-	6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	r	male		cauca	sian	MONTH		XEAR 897	87	YR	MONTHS DAYS	HOURS MIN.
	_	RTHPLACE (STATE OF			WHAT COUNTRY?	8			9 BALTIMORE CI			
2		COUNTRY)	laware	TICA		WIDOWE	D NEVER MA	RRIED '	Talbo	-		MD
1		TY OR TOWN OF DE		1. NAME OF	HOSPITAL, NURSIN	G HOME C			120 USUAL OCCU	PATION		OF BUSINESS OR
	1	Easton	A	Rt.2	Box 114		ston		Farmer	OST OF WORKIN		ina
	USU	AL RESIDENCE (# NU		OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)			4		Farm	ung
2		STATE	13h. COUN		13c. CITY OR TOW	N	13d. INSIDE CITY	LIMITS?	13e.STREET ADDR			0160
4		aryland THER'S NAME	Tal	DOE	LEaston		15. MOTHER'S M		Rt.2 B	OX TT	4, East	on, 2160
		FIRST		NIDDLE	LAST		FIR		MIDI	DIE	LA	ST
4		John VAS DECEASED EVE	Tho		Foste		Mar 17. INFORMANT	gare	t	DDRESS.		11
	17	YES, NO OR UNKNOWN)		WAR OR DATES)					_		2 Box 1	
		70			220-32-		Faye F	. Hu	ghes	Eas	ton, Md	.21601
		18. CAUSE OF DEA	TH (Enter only	y ane cause pe	er line for (a), (b), and	d (c).)	_ ^				BETWEEN	ONSET AND DEATH
			IMMEDIATE		Multip	4	at the	9			4	wka
				DUE TO, O	OR AS A CONSTQUE	NCE OF					1.0	405
		Canditions, if an	y, which	(b)_	AS		V 3				10	125
		cause (a), stat	ing the	DUE TO, O	OR AS A CONSEQUE	NCE OF						
		underlying caus	se last.	((c)_								
	-	PART 2. OTHER SIC	GNIFICANTO	ONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO	O THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN PART 1	0
	CERTIFICATION											
Z	CA	190 DATE OF OPER	ATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORM	MED	200 AUTOPSY?		YES, WERE FINDI	
1	E E								YES NO	_	YES 🗌	NO 🗌
1	8	218. ACCIDENT WAS U			OF INJURY I.M. MONTH DA	YEAR	21c HOW INJU	RY OCCUR	RED (ENTER NATURE O	F INJURY IN ITEM	18 PART I OR PART 2)	
1	AL	OR CONTRIBUTING			P.M.	19						
	MEDICAL	21d. INJURY OCCU		21e. PLACE	OF INJURY TREET, FACTORY, OFFICE, F.		211 LOCATION		CITY	OR TOWN	COUNTY	STATE
	Σ	AT WORK NOT V	ORK	(AT HOME, S	TREET, FACTORY, OFFICE, F.	ARM, ETC.)	Jincer			. (
		22s.1 certify that (al) attended t	he deceased fram_	3-	13	19_7	10 1 -	4	1985	that (I) (we) last
		saw the decea	sed alive an_	7-	19.5	or, or	nd that in (my) (a	ur) apinion (death accurred on t	he date and l	haur and from the	causes stated
		22h SIGNATURE	(did) (did	view the bad	y after death.	^	DEGREE				22: DAY	SIGNED
	- 1	1	lesto	0	Canan	Las	AII PH	ENDING YSICIAN	MEDICAL DIRECTOR PH	STAFF	4/	185
_		274 PHYSICIAN'S	IAN ITHE OR	PRINTS			22e ADDRESS	TUICINIT Z	Jeweston	. r siciai · 📋	-1	1
		Chanhan	D C		MD		D. 4 -1		_		26.1	01.601
	230 5	IStephen BURIAL CREMATION		23b. DATE	M.D.	JAME OF C	EMETERY OR CRE		Lane,	Easto	n, Md.	21601
	1	(SPECIFY)	, REMOVAL					LMATURT	CITY OR TO	VN	COUNTY	STATE
		Burial UNERAL DIRECTOR		4-8-	oo leb	ring	Hill	25e DAT	EREC'D. BY REGIS		Talbot	
		NAME		1 11	ADDRESS		34.3	AP	Q 0 400	- 20	18 mm	
		Newnam F	unera	T HOM	e Las	ton,	Ma.	I ni	11 0 198	D 11 40	1 de Marchanne	TENNES TO

STATE OF MARYLAND

and the state of t

CLIPPORD F CALLES CHUR X RUBY CARLED FOR CHURCH

CLIFFORD F. GALLIS CALLES AND MARGERAN AND VISTA AND COLUMN THICKS OF A CONADAS.

			REGISTRAR EASED NAME HORT	un I	Natilda	LAST	FDEATH	REG. NO	D. MONTH DAY YEAR - 20 PS	26 HOUR
9	1	SEX		White	nai i i ac	5. DATE OF BIRTH	YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 H
0	1	BIR	THPLACE	76. CITIZEN OF	WHAT COUNTRY?	7-10-190 B MARRIED NEVE		9 BALTIMORE CITY O	P COUNTY OF DEATH	
13	1	CIT	Y OR TOWN OF DEATH		•	WIDOWED OTHER I	DIVORCED	17a USUAL OCCUPATION OF THE OF WORK FOR MOST OF		BUSINESS
1	1		RESIDENCE (IF NURSING HO E C	OR OTHER INSTITUTION	PMOT	I al Ita	sspital	Secretary	Retire Balto.	- 2
0	5		ML. ISSICOU	NIY	Balto.		NO CER'S MAIDEN NAME		Ave21206	
3	20	-	John Mix	tchell	LAST	III. MOTH	Mary G.	MIDDLE	LAST	
edical	2 16	e W	AS DECEASED EVER IN U.S. A. (IF YES, G.	RMED FORCES?	220-24-3		77.2	Mitchall .	4112 Marox A	3(
at, or o	1		PART 2 OTHER SIGNIFICANT	ARY	EMZO	LUS;	MITRI	AL STE	Nosis	
or to bur y mlury.	-18	÷ 1		19b CONDI	TION FOR WHICH	OPERATION WAS PER	FORMED	20a AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES (YES	OF DEATH?
ene proc to bur ows any mjury.	7	INCAR	90. DATE OF OPERATION					YES NO	163	NO [
into! Hyguene promit men printer to bur teg 18 shows any mjury.	7		98. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIE EITHER, NOTIFY MEDICAL EXAMINE	21b. TIME O	M. MONTH DA		INJURY OCCURR		Y IN ITEM 18 PART 1 OR PART 2)	NO []
and Mental Prigners prior to bur ted at hear 18 shows any mury.	The state of the s	MEDICAL	710. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DIE LIFETIMER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY HEF	21b. TIME OF HOUR A./ ER) P./ 21e. PLACE C	m. month da m.	Y YEAR 19 21f LOCA			Y IN ITEM 18 PART 1 OR PART 2)	STATE
Health and Mental Hygaring prior to bur is marked at them 18 shows any minry.		MEDICAL	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING _ CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE _ NOT WHILE _ AT WORK 270. L certify the (1) this, hosp	21b. TIME O HOUR A./ ERN P./ 21e. PLACE C (AT HOME, STR	M. MONTH DA M. OF INJURY LEET, FACTORY, OFFICE, FA deceased fram	Y YEAR 19 21f LOCA STI	TION REET 19	CITY OR TO	Y IN ITEM 18 PART I OR PART 2) NN COUNTY	STATE
reported for use of the burnshrooms primer, many the Degr. of Health and Mental Hygurae prior to bur f. If them 21 is marked at them 18 shows any migry.		MEDICAL	710. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE LIFETIMER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21b. TIME O HOUR A./ ERN P./ 21e. PLACE C (AT HOME, STR	M. MONTH DA M. OF INJURY LEET, FACTORY, OFFICE, FA deceased fram	Y YEAR 19 21f LOCA STI	TION REE1 19 30 ATTENDING	CITY OR TO: to 4/20 death accurred on the do	VINITEM 18 PART 1 OR PART 2) WN COUNTY 19 te and haur and fram the county 22c. DATE S	STATI hat (i) we) auses stated
during as deflocred for our and member of the state of th		MEDICAL	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORE 220. I certify the (I) this hasp	21b. TIME O HOUR A./ ERN P./ 21e. PLACE C (AT HOME, STR	M. MONTH DA M. OF INJURY LEET, FACTORY, OFFICE, FA deceased fram	Y YEAR 19 21f LOCA STI	TION THE TO THE	CITY OR TO	VINITEM 18 PART 1 OR PART 2) WN COUNTY 19 te and haur and fram the county 22c. DATE S	STATI hat (i) we) auses stated

DHMH - 16 60M 7/84 (VRA 15, 4)

in a contract of the contract n to. x x me, -2/20 man of the state o and the second second second wing, since the entering was DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

1 - STATE

STATE OF MARYLAND

ı	REGISTRAR				CEKIII	TCATE OF DEATH	REG.	NO			
ľ	I. DECEASED NAME	FIRST La	ura	MIDDLE Belle		AST HIGDON	20 DATE OF DEATH	MONTH 0	DAY YEAR	26 HOUR	<
ı	(TTPE ON PRINT)	Laui		R	HI	a don		April	27 85	/	A' M
ŀ	3. SEX		4. RACE	0	5. DATE O	SF BIRTH	6 AGE (IN YEARS LAST		IF UNDER I YEAR	IF UNDER 24	
	Female		Wh	ite	Augu	st 18, 1895	89	YRS.	ONTHS DAYS	HOURS	MIN.
1	TO BIRTHPLACE (STATE (OR FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	B.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
1	Marylan	nd	U	SA	WIDOWI		Ta	1 bot			MD.
1	CITY OR TOWN OF	EATH				OR OTHER INSTITUTION	120 USUAL OCCUPA			F BUSINESS	OR
1	Easton		nem	MEACILITY, GIVE STREET.	HO S D	ital	(TYPE OF WORK FOR MOS	I OF WORKING LIFE	INDUSTRY	me	
ŧ	USUAL RESIDENCE (IF N	URSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	AOMISSION)	. 1.01	1		-	, / ,	_
ł	Maryland	189 GOUN	Anne's	Queens to		136 INSIDE CITY LIMITS?	R.D. 1.	S / ZIP CODE Box 159	~21	6.5	5
ł	4 FATHER'S NAME	Museu	Willie 2	Queens K) MII	15. MOTHER'S MAIDEN NA		DOX 1)7	7	00	2
1	FIRST		AIDOLE	LAST	_	FIRST	MIDOLE		LAS	ST.	
4	George 160 WAS DECEASED EV		anley	Sparks 16b SOCIAL SECU		Mary 17 INFORMANT Son	Bel			rey	
1	(YES, NO OR UNKNOWN)		WAR OR DATES)	500				It .D	, -	ox 159	1
Į	No			220-32-8	3204	George C. Hi	gdon, Quee	nstown,			
I	18 CAUSE OF DE	ATH Enter onl	y one couse per	line for (o), (b), one	dici.		, ,		BETWEEN	IMATÉ INTERVA ONSET AND DE	ATH
ı	PARTI DEATH		E CAUSE (o)	resur	12	lace the	une				
ł	and the same		DUE TO O	R AS A CONSEQUE	NCE OF	3 0			11.0	6	
ı	Conditions, if o	nv. which	(,6)	hall	14 1	011- 01	PHILA		4-1	42.	
ı	gove rise to i	mmediate) (6)	1000	V	and a		Λ			_
ł	underlying cou		DUE TO, OF	A CONSEQUE	CE OF	= 00000	2. anto	- 6	1	VW	
1	DART 2 OTHER C	Chilerentia	(c)	W 20A		NOT RELATED TO THE TERM	un unu	1 00	228	-	=
ı		O. O	ONDITIONS <u>CC</u>	NIKIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM	INAL DI EASE OR CO	INDITION GIVE	N IN PART III		
1	190. DATE OF OPER	PATION	19h CONDI	TION FOR WHICH	OPERATIO	IN WAS PERFORMED	20a AUTOPSY?	20h IE YES	. WERE FINDIN	NGS LISED	
	S ING. DATE OF OPER	CATION	178 CONDI	HON FOR WHICH	OPERATIO	IN WAS PERFORMED	/		YING CAUSES		>
	<u> </u>		A11 THE C	e to Living		Tarrenance	YES NOT			№ □	
1	OR CONTRACTOR VALUE		HOUR A.	f Injury M. Month <u>D</u> e	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	IJURY IN ITEM 18 PA	RT OR PART ?)		
1	(IF EITHER NOTIFY M. 21d. INJURY OCCU		P./		19						
l	21d. INJURY OCCU		21e PLACE	DE INJURY EET, FACTORY, OFFICE, F	A PAA ETC 1	TH LOCATION	CITY OR	TOWN	COUNTY	STAT	TE
l	WHILE NOT	WHILE	The same of the	cer. racioni, orrice, i	THE COLUMN	100 00	- A I.	-	(
ı	220.1 certify that	(I) (this hospit	ol) ottended the	deceased from	14	19 83	, to	17	9	that (I) (we	lost
l	saw the defin	olive on	- W7	19_	CA O	nd that is (my) (our) opinion	death occurred on the	date and hour	and from the	couses state	d
ı	NA SIGNATURE	Unio non	view the body	offer death	11	DEGREE			22c DATE	SIGNED	
ı	I VIVO	0, 0	1	V- 84	1)	ATTENDING	MEDICAL ST	AFF	1-	17/0	
┨	22d. PHYSICIAN'S	NAME (TYPE OF	PRINTI	NAME OF THE PERSON OF THE PERS		PHYSICIAN DATES	DIRECTOR PHY	ICIAN [17	r 11 27	
	And 1	-4	Market	015 210	n.s	ILW	e 3 4	20x 17	1 /	- 1, C	
ļ	1119040	() . 4	MINK	1N7 7K	. her	LASTON !	MAR	y Jan	D	460	1
	230. BURIAL, CREMATION	N, REMOVAL	236 DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	-	COUNTY	STAT	(F
	Buria	al	Apr. 30	.1985 Ch	neste	rfield Cemeter	cy Centrey	ille. Q		. Md	
ſ	24 FUNERAL DIRECTOR	James	H. Bar	ton Jr.		KH RA	ENGO BY BOSTP		ALE ALE MAI	HARRE	1 =
II.	77		9 77	- A VOCACA?	4.9	a JUNA		of the same of the same of		257	

Barton Funeral Home Centreville, Md.

BP. DHMH - 16 60M 7/84

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please renwith the State Dept. of Health and Mental Hygiene prior to burial, crem

IMPORTANT: If them 21 is marked or Item 18 shows any

(VRA 15, 4)

emiles to the control of the control

220-12-1214 | Bett e | L. L. Con, Worstwar, L.C. 210-50

ery intel Wigename's West County of the County of the County Coun

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

requires that the death certificate be executed within 24 hours ofter death. Page 4

FOR

STATE OF MARYLAND STATE OF MARYLAND STATE OF MARYLAND STATE OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTI	FICATE OF DEATH	REG. N	١٥.		
1. DECEASED NAME FIR: (TYPE OR PRINT) 76	ROTHY	HO	HNEY	20 DATE OF DEATH	MONTH DAY	85 7	SA-M
3. SEX	4. RACE B	5 DATE	OF BIRTH DAY YEAR 18 30	6 AGE (IN YEARS LAST 8	YRS.		R 24 HRS
7a. BIRTHPLACE (STATE OR FOREIG	US	MARRIE		14	LBOT		MD
EASTON	MEM	OSPITAL, NURSING HOME OF FACILITY, GIVE STREET ADDRESS)	PHALA GAS	12ª USUAL OCCUPA (TYPE OF WORK FOR MOST LAFOR		26 KIND OF BUSINI NDUSTRY	ESS OR
Md.		Sher wood	13d. INSIDE CITY LIMITS?	Per 33	ZIP CODE Bx 25	2166	55
14 FATHER'S NAME FIRST R	MIDDLE	LAST	15. MOTHER'S MAIDEN N	Robinso	W	LAST	'n
160 WAS DECEASED EVER IN U (YES NO O UNITOWN) (IF)	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	66 SOCIAL SECURITY NO.	Thorton	Hohney	Pt 33	BX25	MI
18. CAUSE OF DEATH (En PART I. DEATH WAS C		Cartiores	purchang (med?		BETWEE PONSET AND	D DEATH
Conditions, if ony, whi gove rise to immedia couse (a), stating t underlying couse to	ote)	AS A CONSEQUENCE OF	teal Proun	xosutus Ve	nkur	* Ediol	199
PART 2 OTHER SIGNIFIC	note belin	TRIBUTING TO DEATH BUT	Of hung	RMINAL DISPASE OR COI	erca :	RE FINDINGS US	
RTIFIC				YES NO	IN CERTIFYING	CAUSES OF DEA	ATH?
OR CONTRIBUTING CAUSE	OF DEATH HOUR A.M.	. MONTH DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	OR PART 2)	
WHILE NOT WHILE		T, FACTORY OFFICE, FARM, ETC.)	STREET	CITY OR T	OWN	COUNTY	STATE
	hospital) attended the jve on	deceased from 19 85 , a	nd that in (my) (our) apinic	on death occurred on the			toted
22% SIGNATURE	modwoo	12	ATTENDING PHYSICIAN		AFF	4/11/83	5
22d PHYSICIAN'S NAME	MH WO	od	22e ADDRESS	on md			
23a BURIAL, CREMATION, REMI		-85 Cheb	EMETERY OR CREMATORY	26d LOCATION CITY OR TOWN		UNITY S	STATE

P.O. BX606 Ebston Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE OF

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cashould be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

any injury, or other troumotic event, the

MPORTANT: If Item 21 is morked or Item

turadr

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

l'.	- STATE REGISTRAR	Laboration of the Control of the Con	CERTIFICATE OF DEA	ATH REG	. NO.	
	CEASED HAME FIRST	WIDDLE	Holmes	20 DATE OF DEATH	- 8-82	5 26 HOUR 26
1. 56	M .	4 RACE	5. DATE OF BIRTH MONTH DAY S	YEAR 74		DAYS HOURS MIN.
	THE PLACE STATE OF FOREIGN	7b. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MA	9 BALTIMORE CIT	Y OR COUNTY OF DEAT	тн
30	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITU			IND OF BUSINESS OR
13a	Md. 13 COU	1. 17 .1	ORE ADMISSION) 13d. INSIDE CITY 1000 YES ON N	0 Rt 3	SS / ZIP CODE	21679
2	HER'S NAME	Hohre S	15. MOTHER'S M		lmrs	LAST
	WAS DECEASED EVERIN U.S. AI	RMED FORCES? 166 SOCIAL SECULE WAR OR DATES) 218-12	CURITY NO. 17 INFORMANT	too Holmes	325. West	Elastan
N.	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO) THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PA	RT Ira
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WAS PERFORM	AED 200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			RY OCCURRED (ENTER NATURE OF	INJURY IN ITEM 18 PART I OR PA	(RT 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E FARM ETC) 211 LOCATION STREET	CITYO	RTOWN COUN	NTY STATE
	saw the deceased alive at abave, (1) (westeld in a	n 19	and that in (my) (at	19 1 ta 4 ur) apinian death accurred an th		
	22h SIGNATURE	ht Boylande	PH	ENDING MEDICAL S YSICIAN DIRECTOR PHY	STAFF 1 4	1-12-95
	22d. PHYSICIAN'S NAME !	Sancher	27e ADDRESS	2 Commers	e or. E	arrod
23a	BURIAL, CREMATION, REMOVAL		C. NAME OF CEMETERY OR CRE			

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detach with the State De MPORTANT. II

24. FUNERAL DIRECTOR

Land X Anny M. Vallage of the

to Sugar to Deliver

2	-	4	Ó

1	FOR 1 - STATE REGISTRAR		ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	0
1	1. DECEASED NAME FIRST TYPE OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR A
1	MAYME			April 27, 198	
1			5. DATE OF BIRTH	N. A.	IF UNDER I YEAR IF UNDER 24 HRS
		caucasian	Nov. 11, 1897	87 YRS.	
	BIRTHPLACE (STATE OR FOREIGN 76 COUNTRY) Kentucky	II C	MARRIED NEVER MARRIED WIDOWED DIVORCED	* BALTIMORE CITY OR COUNTY Talbot	OF DEATH MD
7	10 CITY OR TOWN OF DEATH 11.	. NAME OF HOSPITAL, NURSING		12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
1	Easton M	Meridian Cente		secretary	tobacco
1	USUAL RESIDENCE OF NURSING HOME OR OTH 130 STATE 135 COUNTY Maryland Talb			13e STREET ADDRESS / ZIP CODE 624 Elizabet	h St./ 2160
-	14. FATHER'S NAME	DIE LAST	15. MOTHER'S MAIDEN NA	AME	LAST
1	Early Yo	oung	Li1	Lian Young	
	160 WAS DECEASED EVER IN Ü.S. ARMEL (YES, NO OR UNKNOWN) (IF YES, GIVE WA NO	AR OR DATES	17428 Linda C. N	ADDRESS	polis. Md.
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B'	CO.	rebrovasulu 1	Recident	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which	DUE TO, OR AS CONSEQUEN	rial Arder	osillin	
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUEN	NCE OF		
		NDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TER	WINAL DISEASE OR CONDITION GIVE	N IN PART 1 a
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED	IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH?
1		216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.		RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (I) (this hospital)	attended the deceased fram	1475 19	, to	, that (I) (we) last

saw the deceased alvejan above, (1) (we) (did)/(did nat/ view the bady after death 226 SIGNATURE

DEGREE 22e ADDRESS

MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN

, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated

22c. DATE/SIGNED

William H. Wood, Jr., M.D.

Dutchman's Lane Easton, Md. 21601

230. BURIAL, CREMATION, REMOVAL Burial

4-29-1985

231 NAME OF CEMETERY OR CREMATORY Spring Hill

23d LOCATION
CITY OF TOWN
Easton, Talbot

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

IMPORTANT: If hem 21 is

and Mental Hygiene prior to Item 18

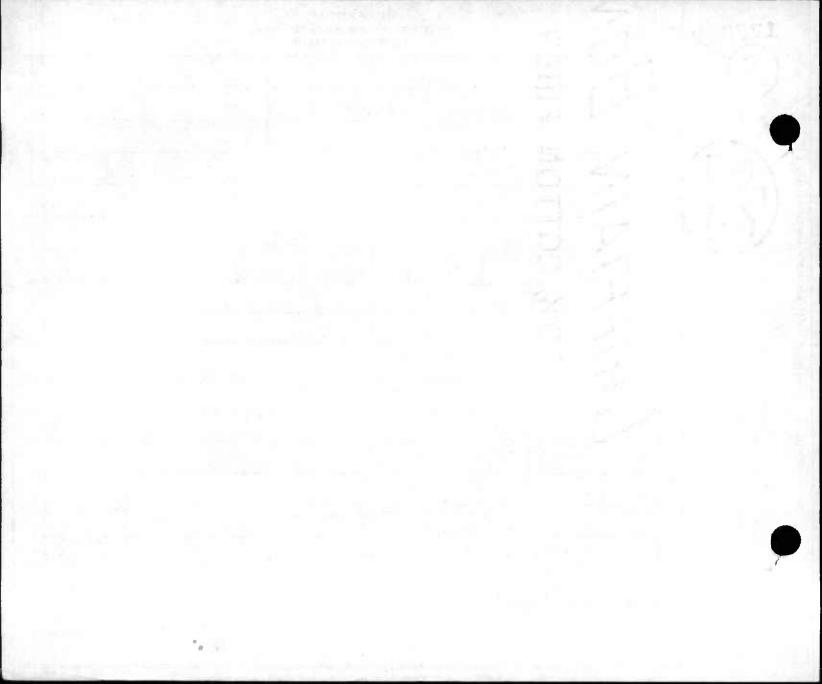
Newnam Funeral Home

ADDRESS Easton, Md.

(VRA 15, 4)

TO FUNERAL DIRECTOR

should be detached for with the State Dept of



- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR MIDDLE 20. DATE OF DEATH 1. DECEASED NAME TYPE OF PRINTS SR PAIIT 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF LINDER I YEAR MONTH male Jan. 13. 1909 caucasian 76 BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED Maryland DIVORCED WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS INDUSTRY orderly Easton 13e STREET ADDRESS / ZIP CODE Talbot 136 INSIDE CITY LIMITS? Maryland NO M #6. Box 416/ James Albert Jester Lucille F. Bernard 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) 213-01-8274 Frances E. Jester 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse CERTIFICATION 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE d the deceased from 220.1 certify that (1) (this haspital) attend and that in my (our) opinion death occurred on the date and hour and from the causes stated (did) (did not) view the body after death ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN CITY OR TOWN Burial 4-24-1985 Jr. Order Preston Caroline. Md. 24 FUNERAL DIRECTOR

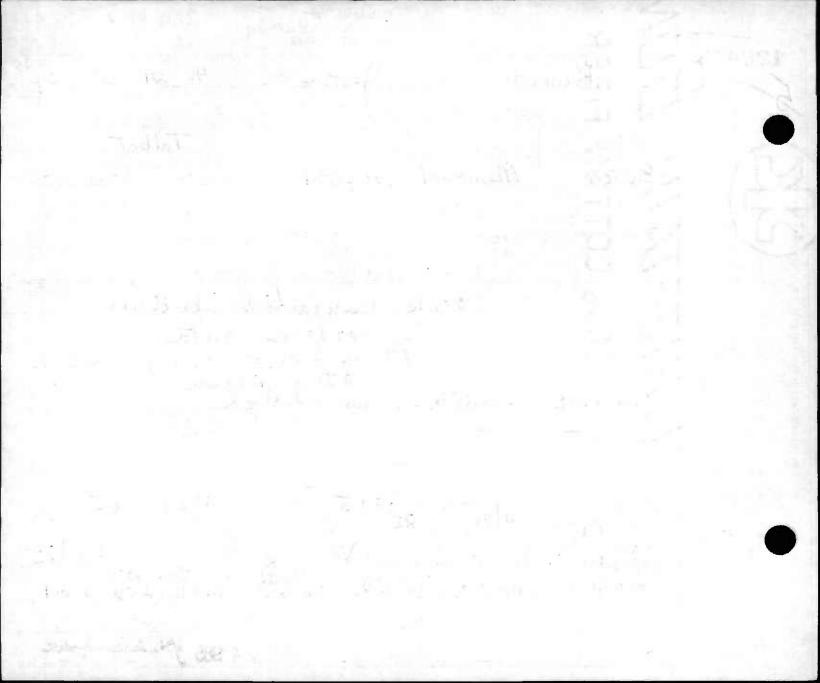
Easton, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detach

MPORTANT

Newnam Funeral Home



5	FOR STATE REGISTRA
07075	DECEASED NA

l-state Alberta KARPEL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG. NO.

		CEASED NAME FIRST	WIDDLE	V	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 345
		Hlbert	a	Kar	45-	4	NO ON DEW
	3. SE	emaile	White	May 2	OF BIRTH 1911	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
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0	-	TY OR TOWN OF DEATH	11. NAME OF HOSPITA	AL, NURSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
5	1	Easton		Memorial	Hospital	Housewife	
5	Ma Ma	aryland Kent		DENCE BEFORE ADMISSION) IY OR TOWN STERTOWN	134 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CO	
1	4 FA	J. Atlee I	niddle) ean	LAST	15. MOTHER'S MAIDEN NA	a Hallowell	LAST
0		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SO	CIAL SECURITY NO.	17 INFORMANT	ADDRESS	
1	(1)	YES, NO OR UNKNOWN) (IF YES GIV	ve war or date 164 (03 0237	The Decease	ed while livi	ne
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per line far	(a), (b), and (c).1	0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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			DUE TO, OR AS A C	Consequence of			
		Conditions, if any, which gave rise to immediate	(b)				
		cause (a), stating the underlying cause last.	DUE TO, OR AS A C	CONSEQUENCE OF			
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBL	UTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION (GIVEN IN PART 1 a
	NOL						
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1	CAL	OR CONTRIBUTING CAUSE OF DE	AIN .	19			
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJU		21f LOCATION STREET	CITY DE SOLWIN	COLPUTY STATE
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		22a certify that (1) (this hasp	0 4/5	19 8)	d that in any our apinian	death accurred an the date and h	haur and from the causes stated
		2/2 5 Grand Chy	of New the hady ofter de		DEGREE		22c. DATE SIGNED
		Wellen &	Bus	M u	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	4/5/85
T		274 PHYSICIAN'S NAME THE	(R PRINT)	-	22e ADDRESS	1	
			0		Easton,	Md.	
	40	BURIAL, CREMATION, REMOVAL	23b. DATE 4/6/85		EMETERY OR CREMATORY	23d LOCATION CITY OF LOWN	COUNTY STATE
	- 6	emation	14/0/03	priver	rook Crema		
	1	NAME COMPANY	1) (1).	Chestert	own, Md.APF	TE REC'D. BY REGISTRAR 256 REG	SISTRAR'S SIGNATURE
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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND. DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH RECUSTRAR DECEASED NAME AUDULE In DATE OF DEATH. 12.4% 26. HOUR 100036STARE CREATED omas 3. 5EX 5. DATE OF BRITH FUNDER/LYEAR HIGHTH 2646 male caucasian 29 01 TO BIRTHPLACE INTATE OF FOREIGN IN CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA WIDOWED DIVORCED 1. NAME HOSPITAL, NURSING HOME OF OTHER INSTITUTION 12h KIND OF BUSINESS OR LTIFE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY asion Welder Mech/steel USUAL RESIDENCE IF HURSING HOWL OF OTHER HAZITUTION Th. CITY OR TOWN IDESTREET ADDRESS / ZIP CODE 134 INSIDE CITY LIMITST. Maryland Talbot St.Michaels NO X Box A FATHER'S NAME IS MOTHER'S MAIDEN NAME WED! MIDDLE Anton Kasik Marie Soul 18st WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS. 166 SOCIAL SECURITY NO. 17 INFORMANT CIES, NO OF UNKNOWNS I HE YES ONE WAS DRIVATED. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE III Conditions, if any, which gave rise to immediate cause (a) stating the DUE TO: OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1::-CERTIFICATION 20s. IF YES, WERE FINDINGS USED 19u DATE OF OPERATION 1%. CONDITION FOR WHICH OPERATION WAS PERFORMED 28s AUTOPSY'S IN CERTIFYING CAUSES OF DEATH? NO TO 71s. ACCIDENT WAS UNDERLYING. 716 TIME OF INJURY THE HOW INJURY OCCURRED | INDEPNATION OF PROOF OF THE RESIDENCE OF PART OF HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING [] CAUSE OF DEATH EFFERTHER, NOTIFY MEDICAL ERAMINERS P.M. 714 INJURY OCCURRED TIN PLACE OF INJURY TH. LOCATION AT HOME STREET PASTORS DIVICE PARM, ETC. | CON OR EDWIN CLASS WHILE TO NOT WHILE TO 22x I certify that (Nithis hospital) attended the deceased from. and that in imy (our) opinion death occurred on the date and how and from the course stated 27h SHSbM 27L DIATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN CRTANT 77e ADDRESS Easton, Md 73r NAME OF CEMETERY OR CREMATORY 23s. BURIAL CREMATION, REMOVAL 716 DATE 734 LOCATION country STATE. 4-6-85 Burial Woodlawn Memorial Easton Talbot Md 24. FUNERAL DIRECTOR 73a DATE REC'D BY REGISTRAR 75b REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL I

Newnam Funeral Home

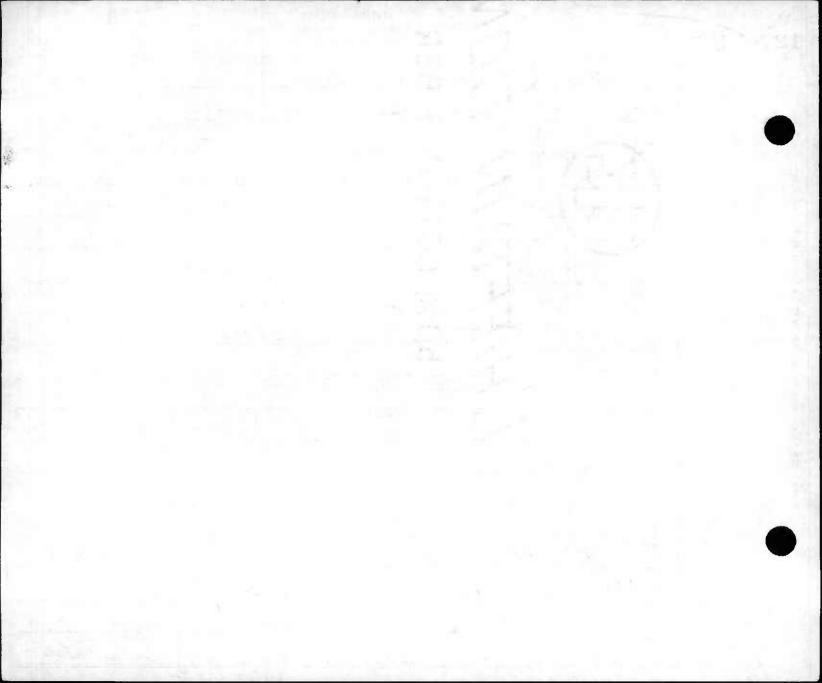
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N	_	Mervin			Kimmels		Laura		Belle		Schwart	z
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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYL DEPARTMENT OF HEALTH AND	AND	5
DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF	DEATH	

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-	1-	FOR STATE REGISTRAR	DE	PARTMENT OF H	IEALTH AND MENTAL HYC			1	
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Н		OR PRINT) Willia	4		1 -1			31 85	1715
S P	3. SE2		4 RACE	5. DATE C	DERIRTH	6 AGE (IN YEARS LAST BIR		JNDER I VEAR	IF UNDER 24 HRS
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		22a.1 certify that (1) (this hospit saw the deceased alive an.			nd that in (my) (our) apinian	death accurred on the d	ate and hour ar	ed from the c	nat (I) (wa) last
		abave, (I) (we) (did na 22b SIGNATURE	t) view the bady after death.		DEGREE	dean decired on the d	are and naor an	22t. DATE S	
		10 SIGNATURE	VO 0.	0 -	ATTENDING	_ MEDICAL STA	FF _	3-31	-
1		22d. PHYSICIAN'S NAME	so can	y n	PHYSICIAN 1	DIRECTOR PHYSIC	IAN [2-21	-0 1
			Carney, M.D.		Easton, Md	. 21601			
	23a 8	BURIAL CREMATION REMOVAL	236 DATE	123c NAME OF C	EMETERY OR CREMATORY	123d LOCATION			
	B11	specify)	4-3-85		. Cemetery	Beulah	Dor	OUNTY	Md.
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name (children)

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		REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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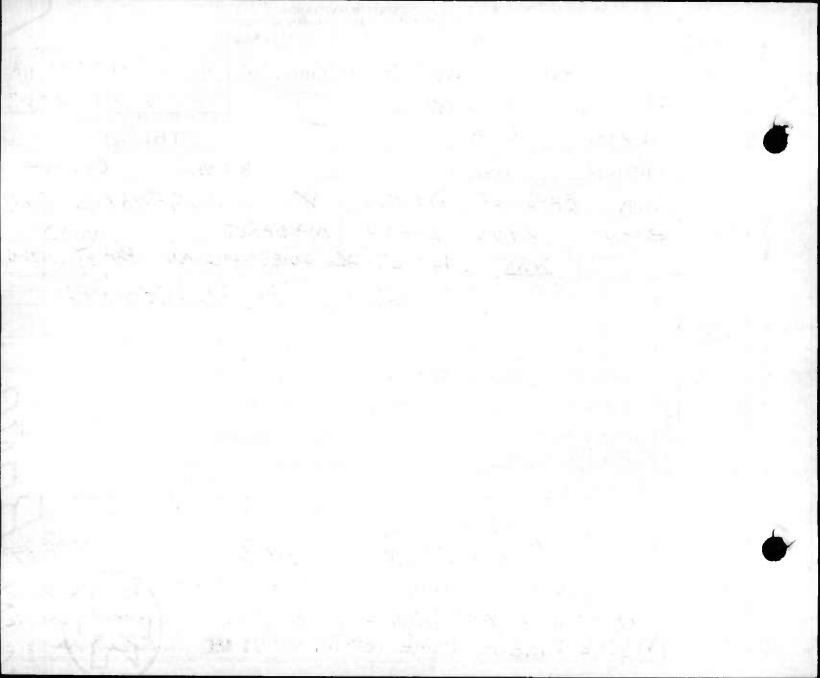
		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	Ю.			
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1		RTHPLACE STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH		
4	_	Maryland			S.A.	WIDOWE		Tal	Cot			MD.
8	5	as to u		(IF)OF IN SUC	H FACILITY, GIVE STREET A	ADDRESS)	Hospital	(TYPE OF WORK FOR MOST	OF WORKING LIFE)	126 KIND OF INDUSTRY	BUSINESS)R
2	USU/ 13a. S	AL RESIDENCE (IF NURS	136 COUN		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE			
2		aryland	Q	.A.	Price		YES NO		x 99-M	216	56	
7/1	14. FA	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAST		
V	I	Risden C.	Dulin				Margaret					
2		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS			
		No			216-54-9	757	Margaret Jew	ell, same	as abo	ve		
	V.	18 CAUSE OF DEAT	H (Enter on	ly one couse per	fine for (a), (b), one	ic.	•	0:-		APPROXIN BETWEEN O	NATE INTERVAL	н
-		PART I. DEATH W		D BY: E CAUSE (0)	acut	e m	yocardia	Linkar	ction	4-11	-85	
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		Conditions, if ony,		(Ib) (Interio	mal	levotic hes	int desar	العطا	Una	erta	in
		gove rise to imm couse (a), statin		DUE TO, OF	R AS A CONSEQUE	NCE OF						
- 1		underlying couse	lost	(c)		-	one					
	z	PART 2 OTHER SIGN	VIFICANTO	ONDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART 110		
2	CERTIFICATION	190. DATE OF OPERA	TION	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDIN	GSTISED	_
1	IFIC					TOWN WHICH OF EXAMINING WAS FER TORMED			IN CERTIFYIN	G CAUSES	OF DEATH?	
-	ERT	21a. ACCIDENT WAS UNE	DERLYING [216. TIME O	F INJURY		21c HOW INJURY OCCUR	YES NO	YES _	OR PART 21	NO []	_
11		OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	M. MONTH DAY YEAR			(Elder dalpre or live		017 011 27		
	MEDICAL	(IF EITHER NOTIFY MEDII		21e. PLACE (19	211 LOCATION					_
-	ME	WHILE NOT WE	GLE -		EET, FACTORY, OFFICE, FA	RM ETC)	STREET	CITY OR TO	NWN	COUNTY	STATE	
		220. I certify that (I)	RK -	1.1) attacadad the	diament for	4-11	10 8.5	46 11	3 19	90	hat (I) (we) la	_
		sow the decease	ed-alive on	4-19	19.5		nd that in (my)(our) opinion of					251
		obove, (I) (we) (did) (did no	t) view the body	ofter death.		DEGREE	account account of the c	010 0110 11001 011	22c DATE S		_
,		Dak	the	NITO		AD	ATTENDING	MEDICAL STA	FF _		2-85	
Н		22d. PHYSICIAN'S NA	AME (TYPE O	R PRINT)	201,7	٠١.٧	PHYSICIAN (DIRECTOR PHYSIC	CIAN	サース	2-03	
		RDS	Box	297	East	2	Md. 216	01				
\dashv	22. 0	TUDIAL COFFIATION		Service of the servic	122	MEGG						=
		URIAL, CREMATION,	KEMOVAL	236. DAT 64	22/05		EMETERY OR CREMATORY	23d LOCATION		DUNTY	STATE	
	24 EI	Burial JNERAL DIRECTOR					sville Cemete	ry Sudlers	ville	Q.A.	MD	
	24 1.0	NAME TOM	Helfe	nbein F	uneralesHo	me (Chester, Md	ry Sudlers E REC'D. BY REGISTRAR 2 2 5 400 F	ZIB KEGISTRAR	SSIGNATU	JKE	

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT, IF III

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-	1.	FOR			DEPARTA	STATE C	F MARYLA		YGIENE	2 5	5	4	. AD
10	11-	STATE REGISTRAR		ME	DICALE	XAMINER	S CERTIF	ICATE O	F DEATH	REC	9. NO.		6 Th
~		CEASED NAM	PIRST FIRST	10	WIDDLE		LAST		/2 20. D	ATE KNOW	N MONTH	DAY HAI	Pa HOUR
119111			teres	toplier	1 /	· W	ax	Wel	DI	OF ESTI-	04-	23108	3 10 10
五百五五十	3. SE		4. RACE	S BATE OF BIRTH	YEAR	LAST BIRTHDAY)	FUNDER 1 YR	R. IF UNDER :		DATE NOUNCED /	нтиом	DAY YEAR	fa Mour
VESSE		ale	white	10-17-1		16 YRS.				DEAD 2	7-6	5 1995	590M
- NEXEBO	70 B	irthplace (5) preign country) arylan	TATE OR	76 CITIZEN OF WI	HAT COUNT	TRY? 8. M	ARRIED N	NEVER MARRIE	D 3 9 B	ALTIMORE CI	TY OR COUN	TY OF DEATH	
A SEA		ITY OR TOWN		U.S.	DITAL AUID		OWED	DIVORCE		at	100	1121 81010 055	MD
S La Field AY	5	O A-	OFDEATH	LIE NOT IN SUCH FA			OTHERINSTIT	IUIION	FOR MOST (OCCUPATION OF WORKING LIFE		OR INDUS	TRY
DEL DEL		AL RESIDENCE		OR OTHER INSTITUTION, GI	VE RESIDENCE E	BEFORE ADMISSION)				ıdent			
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 31 OTHE ROED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE EX 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT PAGES 1 AND 2 SHOULD BE FILED E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS, 2010 TO PRICE TO THE CHIEF MEDICAL OF REMOVAL.	Ma	ryland	d Tal	bot	St.	Michae	1s YES T	E CITY LIMITS?	100 V	Vest M	[aple	/ 2166	3
MD. WD. W 3.2 S	14. F	ATHER'S NAME		MIDDLE		AST		HER'S MAIDEN		MIDDLE		LAST	
DEATH.	1	Kei	nneth A	lan Maxw				Sarah	L. St	canfie			
TIME FRANCE FOR THE PART OF TH	160.	WAS DECEASE! (ES, NO, OR UNKNO NO	DEVER IN U.S. AF	RMED FOR CES? E WAR OR DATES)	MA SOCI	IAL SECURITY NO		RMANT	A 36	ADDI			-
S AN GIV					12/11	-90-165	8 Kei	nneth	AMA	xwell	St.		
ON ST., B. 24 HOURS ITEM 18. G IONG WITH PERMIT. P. SIENE, DIV		18 CAUSE O PART I DE	F DEATH (Enter of ATH WAS CAUSE	D BY:	11/1	1/10	nn	111	1/4	11111	1111		SET AND DEATH
TON ST 24 HOU ITEM I ITEM I I PERMI GIENE, OVAL.	7	8/6	GIMMEDIA		AS A CON	SEQUENCE OF	110	nu	114	avvri	reg		
THIN IL IN ER A KI HY	1		ns, if ony, which										
201 W. PRE UTED WITHI IN PENCIL II EXAMINER RAL-TRANY D MENTAL P		couse (o)	se to immediate stating the <u>under</u>		AS A CONS	SEQUENCE OF							
EXECUTED NG" IN PROCAL EXAM AND MEILY AND MEILY AND MEILY WATION, C		lying cou	ise lost.	(c)									
L RECORDS, 201 W. PRESTON ST JUD BE EXECUTED WITHIN 24 HOU "PENDING" IN PENCIL IN 1TEM 11 F MEDICAL EXAMINER ALONG ED AS A BURIAL TRANSIT PERMI HEALTH AND MENTAL HYGIENE, I., CREMATION, OR REMOVAL.		PART 2 DTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELAT	EO TO THE TERMINAL D	ISEASE OR CONDIT	TION GIVEN IN PAR	T I (a				
RECORDS TD BE EXECTED BE EXECUTED BE	- S												
VITAL RECC SHOULD BE ORD "PENE CHIEF MEE E USED AS T OF HEAL!	2 2	19a. DATE OF	OPERATION	196 CONDI	TION FOR V	VHICH OPERATIO	N WAS PERFO	ORMED?				20 AUTOPS	Y?
V ORD W ORD W ORD W CHILL FE CHILL O BURIL	1 2	ZIO. EXTERNA	L CAUSE WAS	216. TIME OF	INJURY	17	- HOW INJUI	RY OCCUBRED) IENTER NATUR	F OF SHILLBY IN ITE	M IS PAP L OP 0	YES L	NO
CERTIFICATE SH RITING THE WOR DED TO THE CO E ES SHOULD BE UE TO EDEPARTMENT OF THE COMMENT OF THE COMMENT OF T	MEDICAL CERTIFICATION	UNDERLYING	OR NG CAUSE OF	HOUR A.M	MONTH	13 1999 /	1/ent	1017	ארב אמ	lans	15/1	ark to	·
VISION ERTIFIC TING THI ED TO 10 3 SHOUN SEPARTA PRIOR 1	E C	21d INJURY C			OF INJURY		LOCATION	0.1	LUOM	1	niv	51	CE
DIV THIS CI WARDE PAGE 3	2	AT WORK	NOT WHILE AT WORK	KD.	SA	1	DODE	15 Pt	Q.J. 2	POZY	now.	Izlhol.	14
NATE, THE ST.		22a 1 certi	fy that I took con	ge of the moins des	cribed obov	e hald on A	rtophy .	Inspection	M In	quiry .	ond in my o	noinion	
ME HOTE		deoth resulte	ed from: Noye	froit found	Accident	Sujede,	I Hog	As .		ed monner			
EXAMI CERTIFI ULD BE DIRECT , WITH		ACTUAL	1/-	trans	1,11	nH	- My	ferster.	,			4-76	= 01
PATH, ATH,	-	SIGNATURE.	/1'	viun	1/1	ons	_M.DIX	Mull	MEDICAL	EXAMINER	DATE	IED /	755
DIVISION MEDICAL EXAMINER: THIS CERTENCOTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED AFTER DEATH, WITH THE STATE DEPORTATIONE, MARYLAND, 21201PR		EXAMINER'S (TYPE OR PRI	NAME R	Lane Wro	th, N	1.D.	ADDRESS	St.	Mich	aels,	Md.	21663	
DAY OF A	23a. B	URIAL, CREMA	TION, REMOVAL			AME OF CEMETE		TORY	23d. LOCAT	ION	COL	UNIY	STATE
BP	24.5	Buria UNERAL DIRECT		4-27-198	5 Sp	oring H	ill	Tar- Dive	East	on, T	albot	, Mary	
DHMH - 17				al Home	Ea	aston,	Md.	250. DATE RI	PR 25	400 F	REGISTRAR'S		1.00
(VR A15 ME (5)) 20M 4/82						,		1 /1	11 60	ROD	Ju min with	Helson-Ran	MAN.

Villette Start Francisco 5 15 4 73 89 Went of throad and Shirel Tree. 16 201 - Cape 187 Rd, 2 hajman Tallet He W. THake With Hilled

STATE OF MARYLAND

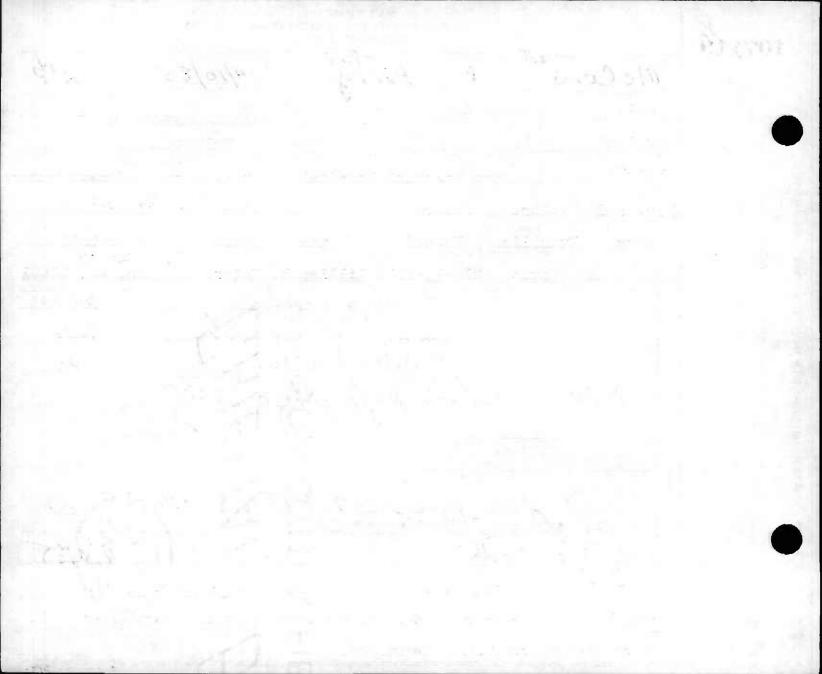
3. St. X	I RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24					
male	caucasian	12 7 21	63 yrs.	MONTHS DAYS HOURS					
O. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED		OF DEATH					
Maryland ii. city or town of death	USA 11. NAME OF HOSPITAL, NURSING		12a. USUAL OCCUPATION	12b. KIND OF BUSINES					
Easton	Easton Memor		Supervisor	Garment Fa					
	COR OTHER INSTITUTION, GIVE RESIDENCE BEFORE DUNTY 134, CITY OR TOWN	ADMISSION)	13e.STREET ADDRESS / ZIP COD						
Maryland Ta	albot Easton	YES NO X	Black Dog Al	Ley/21601					
FIRST	anklin McCoro	FIRST	WIDDLE	Marshall.					
60 WAS DECEASED EVER IN U.S			Irene ADDRESS P.O.	Box 134					
		5714 Lillian M.	McCord East	on, Md, 216					
18. CAUSE OF DEATH (Enter	r anly ane cause per line far (a) (b) and	lies /		APPROXIMATE INTERVIBETWEEN ONSET AND D					
IMME	SIAIL CHOOL IO,	managherma	10	24 Ni					
Canditions, if ony, which	DUE TO, OR AS A COMPROUE	MALE POLY NEW	1s. and the	Mos					
gove rise to immediate cause (a), stating the	gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF Machines (c)								
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH ES NO					
	LIGHT ALL MONITH DA	Y YEAR 21c. HOW INJURY OCCU	PRRED (ENTER NATURE OF INJURY IN ITEM IB	PART 1 OR PART 2)					
(IF EITHER, NOTIFY MEDICAL EXA-		19 21f. LOCATION							
	(AT HOME, STREET, FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY STA					
220 1 certify that (1) this h	27a 1 certify that (1) (1) is hospital) attended the declased from 19 to								
	above Degree ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIR								
17h SIGN HORE	We con the	22e ADDRESS		, ,					

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

should be detached for use as the buriol-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or remayal.

TO FUNERAL DIRECTOR: After this certificate has been etained by the haspital or attending physician



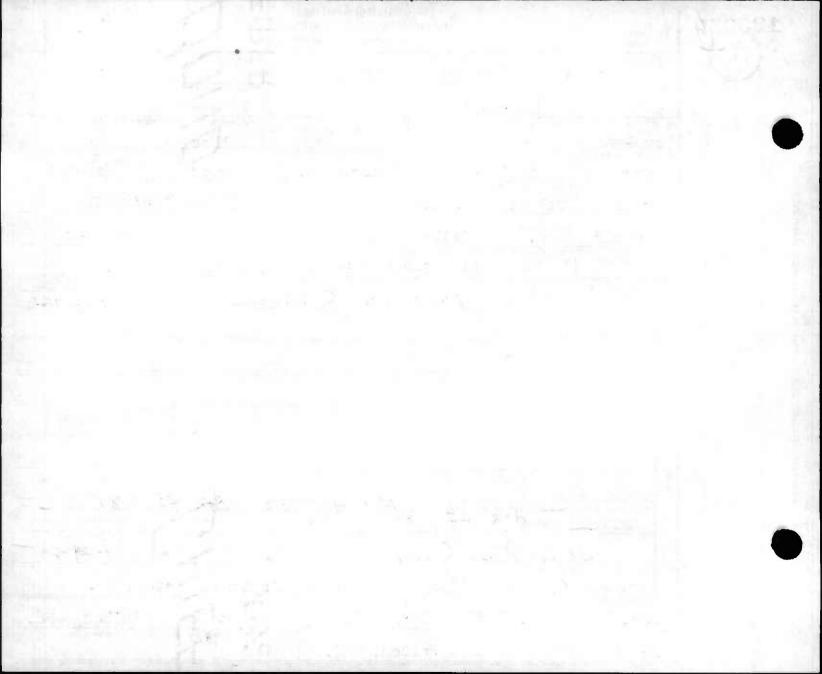
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTA		NE REG. N	0	J U		
Н	I. DEC	CEASED NAME	FIRST		MIDDLE	i	AST	12		MONTH	DAY YEAR	26. HOUR	
1	(TYPE	OR PRINT)	NEY	HC	WARD	мті	ELKE	1		4	28 85	6:30Am	
	3. SEX		MET	4. RACE	WAILD	5. DATE C		6	AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS	
		nale		caucas	ian	MONTH 6		Î4	70	YRS.		HOURS MIN.	
Z	7a. BIF	RTHPLACE (STATE OR F	OREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIE	FD 🗆 9	BALTIMORE CITY O	R COUNT	TY OF DEATH		
1		rvland		USA		WIDOWE			Talbot			MD.	
-	_	TY OR TOWN OF DEA	ATH	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION		28 USUAL OCCUPATION OF WORK FOR MOST		HEEL INDUSTRY	F BUSINESS OR	
4		ISTON ALRESIDENCE (IF NURS			ox 338,		ton, Md.		Farmer		ran	ning	
5	13a. S		13b. COU		13c. CITY OR TOW Easton	'N	13d. INSIDE CITY LIM	AITS?	Rt.1 Box	338	721601		
	14. FA	THER'S NAME					15. MOTHER'S MAID	DEN NAME					
	1	Gustif	F	WIDDLE	Mielke		Bonn	ie	WIDDIE		Beckne	er	
well.		VAS DECEASED EVER			16b. SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRI	SS			
		(ES, NO OR UNKNOWN)	(IF YES, GI	VE WAR OR DATES)	217-36-	0018	Winifre	d M.	Mielke	see	13e.		
		18 CAUSE OF DEAT	M .C									MATE INTERVAL DNSET AND DEATH	
		PART I. DEATH W	AS CAUSE	D BY.	1/	045	4 C.O.	JCE	1		LL 1	4 1/2 4 25	
			IMMEDIA	TE CAUSE (o)	1.000	d Leni	C 0/4/	000			1	<u> </u>	
				DUE TO, C	R AS A CONSEQUE	ENCE OF							
		Conditions, if any, gove rise to imm		(+b)_							_		
		cause (a), statin	ig the	DUE TO, C	R AS A CONSEQUE	ENCE OF							
1		underlying couse	lost.	(c)_									
	-	PART 2 OTHER SIGN	VIFICANT	CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO TH	HE TERMIN	AL DISEASE OR CON	DITION G	IVEN IN PART 110) '	
	CERTIFICATION							4					
7	CAI	19a. DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO				S, WERE FINDINGS USED IFYING CAUSES OF DEATH?			
-	E								YES NOT		YES [NO 🗆	
in,	S.	218. ACCIDENT WAS UNE		216. TIME	OF INJURY .M. MONTH D	AY YEAR	21c. HOW INJURY (OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18	B PART 1 OR PART 2)		
	AL	OR CONTRIBUTING (FEITHER, NOTIFY MEDI		AID	.M. MONTH D	19							
	MEDICAL	21d. INJURY OCCURE		21e. PLACE	OF INJURY		211. LOCATION		CITY OR TO	2012	COUNTY	STATE	
	×	WHILE NOT WH	INE	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET		Al CITY OR TO	WN	COOKII	SIAIC	
		22a. certify that (I)		ital) attended t	ne deceated from	No	29 10	83	in Hen	28	10 85	that (I) (am) last	
		sow the decease	ed plive or	HOR	23 19	85	nd that in (my) (qur) o	opinion de	oth occurred on the d	ote and he	our and from the	causes stated	
		above, (I) (we) to 22b. SIGNATURE	did) (did no	ot) view the body	after death.		DEGREE			-	22c. DATE	SIGNED	
B		1	2,	- DA	0		ATTEN		MEDICAL STA		4-7	9-08	
Ц	100	22 d. PHYSICIAN'S NA	CUPTIN	8 Ca	nyco	T	PHYSIC 22e. ADDRESS	CIAN	DIRECTOR PHYSIC	IAN [_]	1	1 8 3	
			0		0_						37.1		
		Stephen	Ρ.	Carney					Lane, Ea	asto	n, Md.		
		BURIAL, CREMATION,	REMOVAL				EMETERY OR CREMA	TORY	23d. LOCATION		I'OUNIV	STATE	
	I	Burial		5-1-8	35 Sp	ring	Hill		Easton	11.	Talbot		
	24 FL	JNERAL DIRECTOR					1	250 PATE	RET'D. BY 1985 AR	ZAL REGI	STRAR'S SIGNAT	ŮRE	
	N	Jorgan Fi	mar	1 Home	ADDRESS	ton	Md	MILL	7 1000	1			

DHMH - 16 50M 4/83 (VRA 15, 4)

Newnam Funeral Home

Easton, Md.



BP

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND S DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

L HYGIENE 125

5

	REGISTRAR		CEKITE	ICATE OF DEATH	REG. NO.					
	CEASED NAME FIRST	WIDDLE	L	4ST	20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR			
	Wilbe	ert J.		MILLER	MARch	30 1985	12			
3. SE	X	4 RACE	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 2			
	nale	caucasian	Feb.	17, 1901	84 yr					
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH				
10.0	Towa	U.S.	WIDOWE		7416	ot				
10 C	EALL -	(IF NOT IN SHOT FACILITY, GIVE STREET		ROTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING					
USU	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	AL +	+OSPITAL	consultant	manag	gemer			
13a. S	STATE M COU	NTY 13c. CITY OR TO	WN		13e.STREET ADDRESS / ZIP CO	DE . O. O.	(01			
	aryland Ta]	Lbot Eastor	1	YES NO NO	R.D. #7, Box	140/ 21	1601			
	FIRST	MIDDLE LAST		FIRST	MIDDLE	LAST				
16n \	M. F. W. I	Mueller RMED FORCES? 166 SOCIAL SEC	LIRITY NO	17 INFORMANT	a W. Osterman	T				
- (YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES!		Edith H. M	illor so	e item 1	13			
-	no			Edita H. H	TITEL SEC		WATE INTERV			
	PART I. DEATH WAS CAUS		ind (c).	MOCK		BETWEEN	NSET AND D			
1	IMMEDIA	TE CAUSE (0)		1	1 0	1.				
	Candidani di	DUE TO, OR AS A CONSEQU	UENCE OF	COBARLE ARDOM	win Auguster Miles	TURE HR	-5.			
	Conditions, if any, which gave rise to immediate	(b)		1	war bear las las	776				
	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF	ATHEROSCIEM	2515					
		((c)		77.6-7						
z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	SIVEN IN PART 110				
CERTIFICATION	NA DATE OF OPERATION									
FICA	190 DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION	N WAS PERFORMED		YES, WERE FINDIN RTIFYING CAUSES (
RTII	A. ACCIDENTANTE IN PRODUCTOR F	The state of bulling		Ta:	YES NO	YES [NO 🗌			
	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE		DAY YEAR	ZIC HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	B PART (OR PART 2)				
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE		19							
MED	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM ETC)	211. LOCATION STREET	CITY OR FOWN	COUNTY	STA			
_	AT WORK NOT WHILE AT WORK			10. 00		Com				
	22a.1 certify that (1) this hasp	nital) attended the deceased from.	7	3/89 19 83	to	19	hot (I) (we			
	above (1) we) did taid no	of view the body after death.	85, 000	d that in (my) our) opinion o	death accurred on the date and h	iour and from the c	ouses state			
	22b. SIGNATURE	- (i)(1		DEGREE		22c. DAJE S	IGNED			
	9	Jak free que Ms attending médical staff 3/30/85								
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	100	22e ADDRESS			1			
	DCDR	D. FRIHOMON	MAN	403 M	PUBLCT. EN	STONM	0.			
	BURIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF CE	METERY OR CREMATORY	23d LOCATION					
((SPECIFY)				ry Salisbury	Tali com	i co			
	Cremation UNERAL DIRECTOR	17-71-1707 29	allsu	250. DATI	EREC'D. BY REGISTRAR 256, REG	ISTRAR'S SIGNATU	IRE. ON			
1	Newnam Funera	al Home F.a.	ston,		8 1085 4 War	Said of the	WIR HILL			

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND S DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D.			
1 DECEASED NAME FIRST (TYPE OR PRINT) HAZ	EL FRANCES	Moo	RE	2a. DATE OF DEATH	3-31-	85	2b HOUR 920	PM
female female	White	5. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 2.	MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT U.S.A.	TRY? 8 MARRIEI WIDOWE	D L NEVER MARRIED L	9 BALTIMORE CITY O	R COUNTY OF	FDEATH		MD.
EASTON	11. NAME OF HOSPITAL, NU (IF NOT INJUCH FACILITY, GIVES	TREET ADDRESS)	SPITAL	12g USUAL OCCUPATION OF THE OF WORK FOR MOST OF THE	DN F WORKING LIFE)	126 KIND O INDUSTRY	F BUS INES	SOR
USUAL RESIDENCE (IF NURSING OME C 130. STATE Md. DO	INTY 13c CLTY OR.		113 110	130 STREET ADDRESS 2	ziP393		2161	13
John	MIDDLE Dyke	es	15. MOTHER'S MAIDEN NAM Linda	MIDDLE	3.3	Jone	es	
16a. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	DE WAR OR DATES	0-2409	Kathleen I	owe It	ss cem #1	3		a T
PART I. DEATH WAS CAUS	only one couse per line for (a) (b SED BY: ATE CAUSE (a)	eumo	nia			BET WEEN C	MATE INTERV	AL
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF							7	
	CONDITIONS CONTRIBUTING							
19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WE	HICH OPERATION	n was performed	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [G CAUSES		
OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED		19	21f. HOW INJURY OCCURRI 21f. LOCATION STREET	ED (ENTER NATURE OF INJUR		COUNTY	STA	ATE
220.1 certify that (I) (this has sow the deceased al above, (1) (we) (did) (clid	220. I certify that (I) (this hospital) oftended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19							
22b. SIGNATURE		UD '		MEDICAL STAF		22c. DATE :	Z. 8	5
22d. PHYSICIAN'S NAME (TYPE	Crowley		22e ADDRESS Eas	ton, Mi)			
23a. BURIAL, CREMATION, REMOVA (SPECIFY) burial	1236. DATE 4/3/85	23¢ NAME OF C	EMETERY OR CREMATORY MARKET CEM.	23d. LOCATION CITY OF TOWN NEW	MARKE	T''DOF	R. SI	MD.

DHMH - 16 60M 7/B4

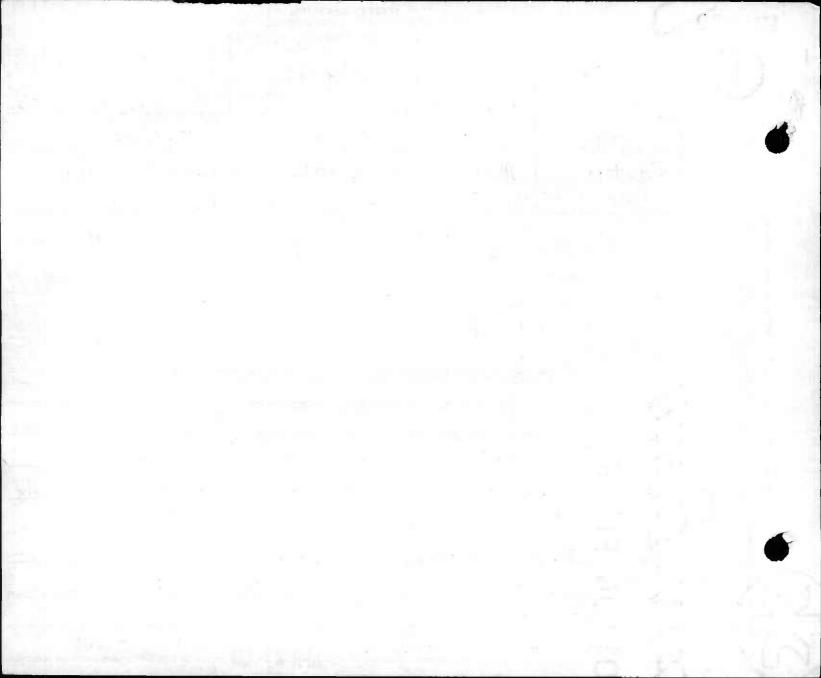
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24 FUNERAL DIRECTOR
Thomas unoul Home 700 focust the Cambridge, In

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

121060	1	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 5 5	3
1791000	1 -	STATE	MEDICAL EVAMINED/C CERTIFICATE OF REATU	7
		REGISTRAR CEASED NAME FIRST	REG. NO.	DAY YEAR 26 HOUR
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138333	5. 5EX	SAMU		DAY YEAR 2d. HOUS
	2. 36	MIN	MONTH DAY YEAR LAST 8IRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	245
A STATE OF THE STA	1	RTHPLACE (STATE OR	7 YRS. DEAD COR L 2 76. CITIZEN OF WHAT COUNTRY? 8 9. BALTIMORE CITY OR COUNTY	0 1985 PAN
PRESENT OF THE PRESEN	/d B	REIGH COUNTRY)	MARRIED NEVER MARRIED	OFDEATH
NECES FOR WARE A PARTY OF THE P	100 0	Maryland TY OR TOWN OF DEATH	VI 77 WIDOWED X DIVORCED 1 Albor 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK) 12	MD 2b. KIND OF BUSINESS
2 業品 音楽	T.	TOR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR INDUSTRY
DELA TOTI N PAC	L	ASTON	Memorial HospitAL PharmacisT	Hospital
NNY ND 3		TATE M d 13b. CO		21601
D. 22.27	14. F/	ATHER'S NAME	15. MOTHER'S MAIDEN NAME	2
SALTIMORE, MD. 2 SAFTER DEATH. IF A GIVE PAGES 1, 2, A TH FORM PM 3. R PAGES I AND 2 SE VISION OF WITH LEATH	1	LUMAN	MORRIS Pachael MIDDLE T	aylor
NOW NOW NOW	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT , ADDRESS	
AFTE VER SOLES	(1	ES, NO, OR UNKNOWN) (IF YES, GIV	1212-09-0873 Memorial Hosp Reinds	
5T., BALTIMORE OURS AFTER DE/ 18. GIVE PAGE 3. WITH FORM I AIT PAGES I E, DIVISION OF		18 CAUSE OF DEATH (Enter o	only one cause per line for (a) , (b) $(and (c))$	APPROXIMATE INTERVAL
MA JERNIE		PART I DEATH WAS CAUS		BETWEEN ONSET AND DEATH
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THIN THIN THIN THIN THIN THIN THIN THIN	1	Canditians, if any, which		
W. W. WILL		gave rise to immediat cause (a) stoting the <u>under</u>		
ZOI EXA ON,		lying cause last.	(c)	
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD."PENDING" IN PENCIL IN 11EM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WAFER DEATH WITH-HE STATE DEPARTMENT OF HEALTH AND MENTAL HEAVILY HESTER DEATH WITH-HE STATE DEPARTMENT OF HEALTH AND MENTAL HESTER. DEATH WITH-HE STATE DEPARTMENT OF HEALTH AND MENTAL HORENE. MARYLAND. SO BRISING. SHE MOVAL.		PART 2 OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
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LE FEE	1 5	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
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VISION ERTIFICATION THING THIN	- S	21d. INJURY OCCURRED	218 PLACE OF INJURY (ATHOME, 211, LOCATION STREET, FACTORY, FARM, ETC.) STREET, CITY OR TOWN, COUNTY	STATE
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RE TE, TE, TE, TE, TE, TE, TE, TE, TE, TE		and the second second	rge of the remains described above, held an Autapsy . Inspection . Inquiry . ond in my apin	alan.
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PERTINAL MAINTENANCE AND BELLEN WHITH ARY	1		TITLE (SPECIFY)	
A DOUGH		ACTUAL SIGNATURE	us J. Svelly M.D. for Dep MEDICAL EXAMINER SIGNED	4-20-85
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BP		Removal	4/20/85	
DHMH - 17	24. F	UNERAL DIRECTOR	250. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIG	SNATURE
(VR A15 ME (5))		Anatomy Boa	ard Balto., Md.	
20M 4/82			Allina	



FOR STATE REGISTRAR		DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH
1. DECEASED NAME	FIRST	MIDDLE	√ ST

20 DATE OF DEATH 25 HOUR (TYPE OR PRINT) KARL 85 3 4 RACE (IN YEARS LAST BIRTHDAY) MALE White To. BIRTHPLACE (STATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Czechoslovakia U.S. Talbot County WIDOWEDE 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY caston memorial Hospita Economics Professor USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
1136. COUNTY
1137. CITY OR TOWN 13b. COUNTY 13e STREET ADDRESS / ZIP CODE Marlingham 21603 13d INSIDE CITY LIMITS? Talbot. Md. St. Michaels 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Niebyl Leo 503 Dutchmans Ln. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 242-40-4162 Easton, Md. Dr. Peter H. Niebyl 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY ARR BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION LZHEIMER'S 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO -210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY OFFICE, FARM ETC) COUNTY STATE NOT WHILE 22a | certify that (1) (this hospital) attended the deceased from, sow the deceased alive on 40 85 above, (I) (we) (did) (did not) view the bady after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED DD ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS C.RW. BAIN N. AURORA STREET, 230. BURIAL, CREMATION, REMOVAL

DHMH - 16 60M 7/B4

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MPORTANT

(VRA 15, 4)

4/14/85 Removal

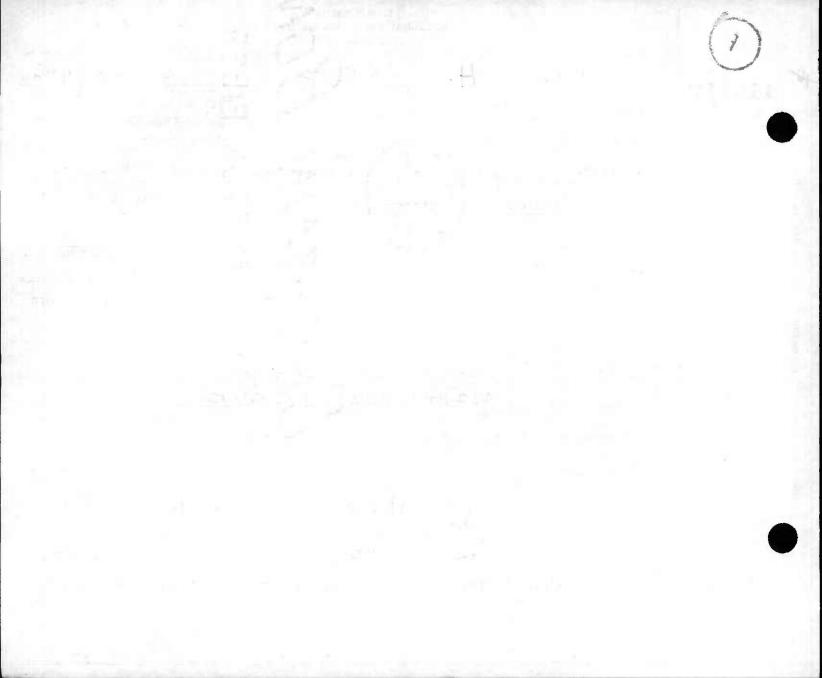
Anatomy Board

23c NAME OF CEMETERY OR CREMATORY

24 FUNERAL DIRECTOR

Balto., Md

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 2a. DATE OF DEATH MONTH 7b. HOUR (TYPE OR PRINT) 4:25P **BEN.TAMTN** FRAZTER PHILLIPS APRIL 1985 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX βÕ, 1910 caucasian Sept. male 7g. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S Talbot DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 176 KIND OF BUSINESS OR Meridian Center-The Pines LITYPE OF WORK FOR MOST OF WORKING LIFE Easton Waterman USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | I3e.STREET ADDRESS / ZIP CODE | Willey Street/21671 Talbot 13d. INSIDE CITY LIMITS? Tilghman Maryland 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Charles Frazier Phillips Josephine Gladys Fairbanks 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 219-16-4341 Lillian M. Phillips see item 13 no

	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Premonia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE C	Drsaux mental sepidono	10 years
7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART Iro

OR CONTRIBUTING CAUSE OF DEATH

21a ACCIDENT WAS UNDERLYING

216 TIME OF INJURY HOUR A.M. MONTH

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

P.M 21e. PLACE OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 21f LOCATION

STATE

(this haspital) attended the deceased from

and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated

3 d PHYSICIAN'S NAME (THE OFFINE)

ATTENDING PHYSICIAN

MEDICAL DIRECTOR PHYSICIAN

28n AUTOPSY?

NOF

CITY OF TOWN

22c. DATE SIGNED

Bohan. Lawrence D.

23b. DATE

22e. ADDRESS

Dutchman's Lane Easton, Md. 21601

23a. BURIAL, CREMATION, REMOVAL Buria1

23c. NAME OF CEMETERY OR CREMATORY

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

24. FUNERAL DIRECTOR

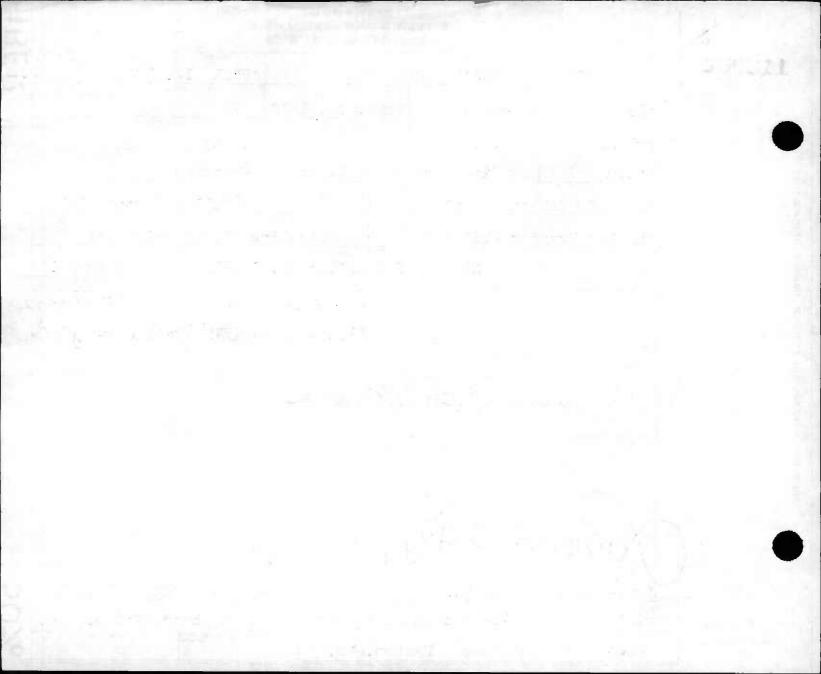
CERTIFICATIO

Newnam Funeral Home

Easton, Md.

Tilghman, Talbot, Md. Tilghman Methodist

DHMH - 16 50M 4/83 (VRA 15, 4)



etely filled in by the fu auld be filed with

executed within 24 hours ofte

requires that the death certificate be

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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99				-

	REGISTRAR		CEKTIFICATE OF D	EAIN	REG. NO.					
	CEASED NAME FIRST	MIDDLE	LAST	2a DA	E OF DEATH M	ONTH DAY Y	YEAR 26 HOUR			
	Theod	lo Re	Philh	ips	Upril	27 19	85 127			
3. SE:		RACE	5. DATE OF BIRTH		(IN YEARS LAST BIRTH		DAYS HOURS			
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7a Bi	IRTHPLACE (STATE OR FOREIGN 71 COUNTRY) Md	U.S.A.	MARRIED NEVER M	ARRIED 9 BALT	IMORE CITY OR	COUNTY OF DEA	ATH			
40 C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN		ORCED 120 US	JAL OCCUPATIO	<i>D</i> 67	IND OF BUSINESS			
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14. FA	Albanus	Phillips		MAIDEN NAME	WIDDLE		ewis			
	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECUI	RITY NO. 17. INFORMAL	NT	ADDRES	3167	s. Atlan			
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	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	one couse per line for 101, (b), one	lici.			- 10	APPROXIMATE PRIERVA TWEEN ONSET AND DE			
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE									
S S	Der	neulia								
CERTIFICATION	19s DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFOR	RACED 76a YES		The IF YES, WERE I IN CERTIFYING CA YES	FINDINGS USED AUSES OF DEATH? NO []			
	?1g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	JURY OCCURRED (EN	ER NATURE OF INJURY	IN ITEM 18 PART I OR PA	ART 2)			
MEDICAL	21d. INJURY OCCURRED	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211 LOCATIO	N	CITY OR TOW	N COUP	NIY SIAT			
S	WHILE NOT WHILE AT WORK	TAT TOME, STREET, PACTORT, OFFICE, FA	mm, ere y			0 0	-			
	sow the deceased alive on	270-1 certify that (1) (this hospital) attended the deeposed from 24 apr., 19 85, to 21 apr. 9 85, that (I) (we) lost								
	226. SIGNATURE	agno	M.D A	TTENDING MEDI	CAL STAFF	1	+ May 8			
	224 PHYSICIAN'S NAME TYPE OR	Allen	27e ADDRESS	0	107	mon	1 10/0			
	IT. WHG	NER	140	2. M 124	151-6	5AS707	VIVIO			
	BURIAL, CREMATION, REMOVAL (SPECIFY)		IAME OF CEMETERY OR C	REMATORY 23d.	OCATION CITY OR TOWN	COUNTY	STAT			
	(SPECIFY) burial		AME OF CEMETERY OR C	REMATORY 23d.	OCATION	ge Dor	. Md.			
	(SPECIFY) _	4/30/85 Ct		chyard C	OCATION CITY OR TOWN	COUNTY	Md.			

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and a should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.







STATE REGISTRAR 1. DECEASED NAME

(TYPE OR PRINT)

3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH

7	IENE		111				
	REG. NO.						
٦	20 DATE OF DEATH MONTH		DAY	YEAR	2b HOU	R	
	April 26, 1985	5			1:1	5 A.	M
1	6 AGE (IN YEARS LAST BIRTHDAY)	T	IF UNDE	RIYEAR	IF UNDER	24 HRS	
	80 _{YR}	_	MONIHS:	DAYS	HOURS	MIN.	

Margaret	Marie	Porter		
	4 RACE	5 DATE OF BIR		

August 21, 1904 White Fenale BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED

USA Maryland

IMMEDIATE CAUSE (a)

WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Meridian - The Pines

Easton, Md.

NO 🗌

(TYPE OF WORK FOR MOST OF WORKING LIFE

13e.STREET ADDRESS / ZIP CODE

9 BALTIMORE CITY OR COUNTY OF DEATH

Talbot

17h. KIND OF BUSINESS OF INDUSTRY Home

UAL RESIDENCE (# Maryland

Easton

4 FATHER'S NAME

O CITY OR TOWN OF DEATH

13c CITY OR TOWN QueenAnne's Queenstown

OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

15 MOTHER'S MAIDEN NAME

Emma

Son

Cornelius

Anyhony ADDRESMain St., P.O. Box 138

William

166 SOCIAL SECURITY NO

Pinder

17 INFORMANT

13d. INSIDE CITY LIMITS?

Main Street, P.O.Box 138

215-12-6890 James N. Porter, Queenstown, Md. 21658 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and a

YES X

Conditions, if ony, which gove rise to immediate cause (a), stating the

underlying couse

PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF

AT HOME STREET, FACTORY OFFICE, FARM ETC.)

PART 2. QTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a DATE OF OPERATION

LIF EITHER NOTIFY MEDICAL EXAMINER

71d INJURY OCCURRED

WHILE NOT WHILE

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

21e PLACE OF INJURY

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2

200 AUTOPSY?

NOK

and that in (my) (our) opinion death accurred on the date and hour and from the course stated

COUNTY STATE

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

22a. I certify that (1) (this hospital) attended the deceased variable saw the decoased alive on_

ATTENDING

21f LOCATION

DIRECTOR | PHYSICIAN

THE DATE SIGNED

PHYSICIAN'S NAME (TYPE OF PRINT)

230. BURIAL CREMATION, REMOVAL 23b. DATE

Lawrence D. Bohan, M.D.

Easton, Md. 21601 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

Apr. 29, 1985 Chesterfield Centery Centreville.
Barton Funeral Home

THE DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

James H. Barton, Jr., Centreville, Md. 21617

ran. Hygien

CERTIFICATION

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MPORTANT: the t

PERSONAL PROPERTY CALLED BEING BOND TO STANK TO SERVE

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Carried and State of the President and April of the State of

DHMH - 16 50M 4/82 (VRA 15, 4)

should be MPORT

23a BURIAL, CREMATION, REMOVAL 23b. DATE Burial April 13

William H. Wood, Jr., M.D.

23c NAME OF CEMETERY OR CREMATORY

Rt. 3, Box 106, EAston, Md. 21601 23d LOCATION

985 Thomas Memorial St. Michaels Talbot Md.

COUNTY

22c DATE SIGNED 4/10/85

2b. HOUR

17h KIND OF BUSINESS OR

Seafood

NO IT

STATE

INDUSTRY

IF UNDER 24 HRS

10:25P.M.

250 DATE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE

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William J. Thomas Cornells laves

--- 212-40-6000 drace 1. Wilson St. micheels, Md.

curial Auril 3. 1935 thousa seconial St. Michaels Talootada.

DHMH - 16 60M 7/84

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74 FUNERAL DIRECTOR

4-10-85

(VRA 15, 4)

Templeville Cemetery

Templeville

MD

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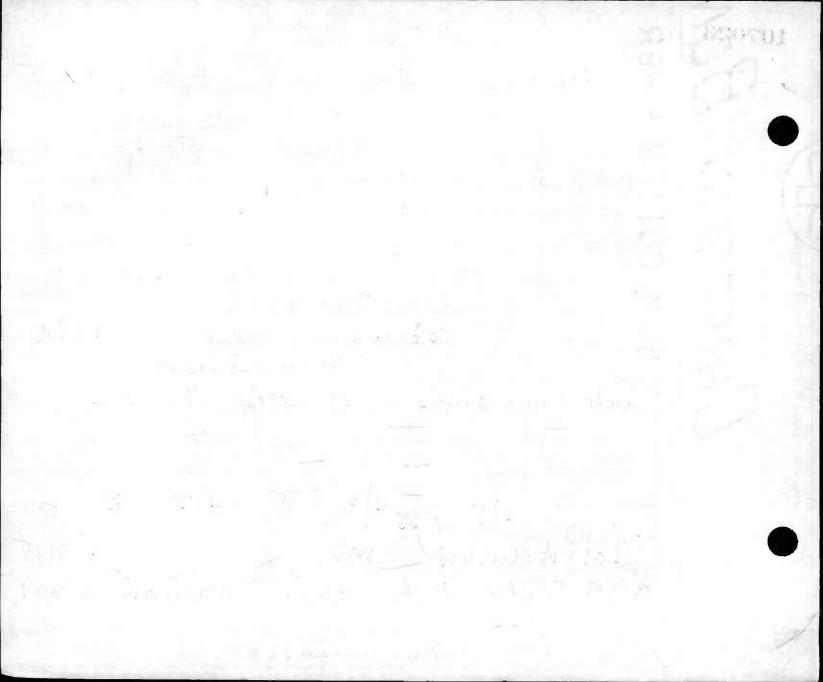
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	ATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after nospital or attending physician.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND E. AL	100
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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

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		FICATE OF DEATH	REG. NO.	
n	Mabel SA	Her field	20 DATE OF DEATH MONTH	5 198 15 HOL
4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER
White	e 2	TH DAY YEAR 13	72 YRS	MONTHS DAYS HOURS
OR FOREIGN 76 CITIZEN OF W	HAT COUNTRY? 8.	ED NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH
	USA WIDOW	PEDX DIVORCED	TAL	00
	FACILITY, GIVE STREET ADDRESS)	1	(TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINE INDUSTRY Home
	IVE RESIDENCE BEFORE ADMISSION	1		
		YES NO X		
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	Thompson	Zonda	A.	Cannon
ER IN U.S. ARMED FORCES? 1		17 INFORMANT	ADDRESS	
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ATH (Enter only one couse per li	ne fg 01, (b1, and (c_)	4	-	APPROXIMATE INTER
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nissiphotive on TII	(10 8)	and that in my pur opinion o	leath occurred on the date and h	
field idid not view the Body ()	her death	DEGLEE		2c. DATE SIGNED
MA Aust	11 50	ATTENDING	MEDICAL STAFF	4 3
1 1 5 CMIL	and a	22e ADDRESS O L	DIRECTOR PHYSICIAN	1 3
BUANE COMPANY		TARE ADDITIONS OF THE		
NAME (TIPE OR PRINT)	and me	La- Uni	te 5, 120K	12-7
TT. DAWK	INS TR	SASTON	to 3 120K	ND 216
N, REMOVAL 236. DATE		SASTON CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	ND 216
TT. DAWK		CEMETERY OR CREMATORY Shoro Cemeter	CITY OR TOWN	CA MD
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FOR STATE REGISTRAR

STATE OF MARYLAND, DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove corbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MMPORTANT: If them 21 is marked or them [78,shows any injury, or other traumatic event, the

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL THY GIENE

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	24 FU	INERAL DIRECTOR					25g PA	E REC'D. BY	REGISTRAR	256. REGISTA	RAR'S SIGNAT	URE	1,000

DHMH - 16 60M 7/84 (VRA 15, 4)

Newnam Funeral Home

Easton, Md.

8 1985 June Lavidson-Randelle